Merck Updates Vaccine Supply Delays, Shortages

Merk & Co. has issued an update on the status of its vaccine delays and shortages in a letter to physicians. Merck announced that ProQuad (measles, mumps, rubella, and varicella virus vaccine live) will be unavailable for ordering through the rest of 2007, although existing back orders were filled through August. In the letter, the company said that it was too early to determine if ProQuad will be available in 2008.

Merk had earlier requested that customers transition from ProQuad to M-M-R II and Varivax (varicella vaccine). The Centers for Disease Control and Prevention continues to report that current projections forecast an adequate supply to implement the recommended immunization schedule fully for varicella vaccine for all age groups.

Varivax is currently available in adequate supply, according to Merck, but customers should expect shipping delays of up to 15-20 business days. The company expects to return to normal delivery schedules in late September or early October, but in the meantime two additional shipping days have been added (Thursday for Friday delivery and Saturday for Monday delivery) and at least one order per office is being shipped—instead of the normal first-in, first-out model—to minimize the impact on customers with no supply of Varivax.

Production delays also have plagued Merck in manufacturing its pediatric and adult hepatitis A vaccine (Pediatric and Adult Vaqta). A manufacturing change that occurred in March is expected to produce more Havrix to help ensure adequate supply, according to Merck, but customers should expect shipping delays of 6-7 weeks since mid-September will continue to be filled on a 6-7 week back order, but orders that are received after mid-September will not be available for shipment until near the end of the first quarter of 2008.

The supply of GlaxoSmithKline’s pediatric and adult hepatitis A vaccine (A vaccine (Pediatric and Adult Vaqta) is adequate enough to meet demand. GSK has initiated plans to produce more Havrix to help ensure an uninterrupted supply for the U.S. market, according to the CDC.

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Macrolides such as azithromycin are completely immune to the enzyme. Thus, it appears that beta-lactamase production, a well-described mechanism for in vitro antimicrobial resistance, is being enhanced by this additional coaggregation mechanism.

Based on this new information, my practice now uses cephalosporins as first-line treatment for strep throat. Cephalaxin is a good option because it’s generic, and it’s first-generation, so it is not as broad-spectrum. We prescribe it twice daily for 10 days.

Second choice would be either a second- or third-generation cephalosporin or azithromycin, depending upon the degree of macrolide resistance in your community. Here in Rochester, where macrolide resistance is about 8%, we normally go for a macrolide, either azithromycin, clarithromycin, or cefpodoxime. All three are generic, although they’re still not cheap—there’s currently only one distributor. Cefprozil is the least expensive of the three, and there also is evidence that it eradicates the strep carrier state as well as the active infection (Clin.Ther. 2001;23:1849-900).

The Infectious Diseases Society of America is planning to issue new guidelines for the treatment of streptococcal pharyngitis sometime in 2008. Dr. Kaplan is the chairman of the writing committee, and Dr. Casey is a member. The American Academy of Pediatrics’ Red Book still recommends amoxicillin as first-line therapy, but I’m guessing that will not be the case in the next edition, due out in 2009.

I have no financial conflicts that are relevant to this article.

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Oddly enough, the way they describe their GERD may be why it’s often overlooked.

The coughing keeps me up at night.

She’s been fussy and won’t eat.

My tummy needs more than a kiss.

I get a really yucky taste in my mouth.

• #1 prescribed acid-suppressing agent by PPIs
• Only FDA-approved PPI for kids as young as 12 months
• Available as capsules and three-flavored PREVACID for Oral Suspension or PREVACID SoluTab

Important safety and other information

• The safety and effectiveness of PREVACID have been established in patients 12 months to 17 years of age for the short-term treatment of symptomatic GERD and erosive esophagitis.
• PREVACID use in this population is supported by evidence from adequate and well-controlled studies in adults along with additional clinical and PK/PD studies performed in pediatric patients. The pediatric studies were uncontrolled, open-label studies performed in 66 patients aged 1 to 11 years old and 87 patients aged 12 to 17 years of age.
• The safety and effectiveness of PREVACID have not been established in patients <1 year of age.
• The most frequently reported adverse events in patients aged 1 to 11 years were constipation (5%) and headache (3%).

In patients aged 12 to 17 years, the most frequently reported adverse events were headache (7%), abdominal pain (5%), nausea (3%), and dizziness (3%). The adverse event profile in children and adolescents resembled that of adults taking PREVACID, where the most common adverse events were diarrhea (3.8%), abdominal pain (2.1%), and nausea (1.3%). Symptomatic response to therapy does not preclude the presence of gastric malignancy. PREVACID formulations are contraindicated in patients with known hypersensitivity to any component of the formulation.


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