sensitivity to the community and might help increase survey participation, even among English speakers.

The findings in this report are subject to at least three limitations. First, the REACH 2010 survey included only one Cambodian and three Vietnamese communities, and the data might not be representative of other Cambodian and Vietnamese communities in the United States. Second, because estimates are based on self-reported data, the prevalence of some chronic conditions and the percentage of the population using preventive services might be under- or overestimated. Finally, food-frequency questions concerned mostly Western eating habits, which might not be culturally appropriate in certain Asian subpopulations.

The results of this analysis underscore the need for public health agencies to study the health status of racial/ethnic subpopulations. Whenever possible, communities should gather local data to guide program planning and evaluation. REACH 2010 health intervention projects are ongoing in the four communities described in this report. The Vietnamese Community Health Promotion Project (http://www.suckhoelavang.org) is targeting cervical cancer among Vietnamese women in Santa Clara County, Promoting Access to Health for Pacific Islander and Southeast Asian Women is working to increase breast- and cervical-cancer screening and follow-up in Los Angeles and Orange counties, and the Cambodian Community Health 2010 project in Lowell is promoting cardiovascular health and diabetes prevention. Additional surveillance and targeted interventions will be needed to address the disparities in health between these subpopulations and the overall Asian and general U.S. populations.

REFERENCES

Pneumococcal Conjugate Vaccine Shortage Resolved

MMWR. 2004;53:851-852

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. 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 healthcare 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