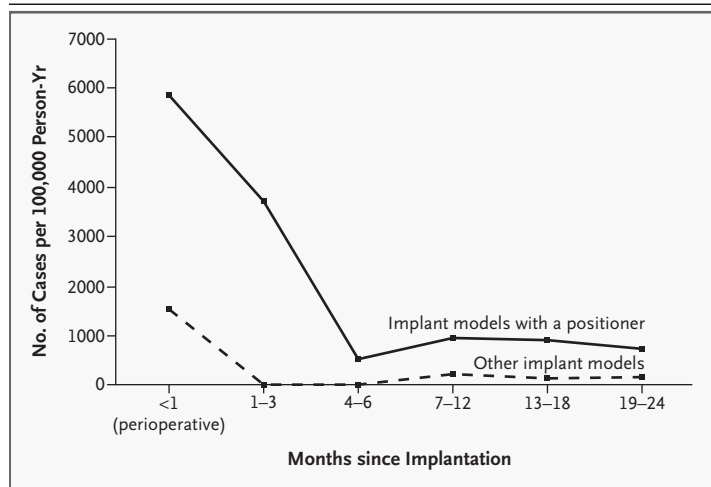


Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Reefhuis J, Honein MA, Whitney CG, et al. Risk of Bacterial Meningitis in Children with Cochlear Implants. *N Engl J Med* 2003;349:435-45.



Supplementary Appendix 1. Number of Cases of Meningitis per 100,000 Person-Years among Children Who Received a Cochlear Implant Including a Positioner or an Implant without a Positioner between 1999 and 2002, According to the Time since Implantation.

Data on implants with a positioner are for models AB-5100H and AB-5100H-11 (Advanced Bionics); data on children who received model 5100H (Advanced Bionics), for which the use of a positioner was optional, were included in the group without a positioner, because information on the use or nonuse of the positioner was not available for children who were not included in the case-control investigation.

Supplementary Appendix 2. Pneumococcal Immunization Schedules for Children with Cochlear Implants.*

Pneumococcal Conjugate Vaccine (PCV7)†		
Age at First Dose	Primary Series	Additional Dose
2–6 Mo	3 Doses, 2 mo apart	1 Dose at 12–15 mo of age
7–11 Mo	2 Doses, 2 mo apart	1 Dose at 12–15 mo of age
12–23 Mo	2 Doses, 2 mo apart	Not indicated
24–59 Mo	2 Doses, 2 mo apart	Not indicated
≥60 Mo	Not indicated, see below	Not indicated
Pneumococcal Polysaccharide Vaccine (PPV23)‡		
Age at Presentation	First Dose	Second Dose
<2 Yr	Not indicated	Not indicated
2–4 Yr	Administer, after PCV7	Not indicated
5–18 Yr	Administer	Not indicated

* Schedule is according to the United States Advisory Committee on Immunization Practices, June 2003.

† For PCV7, a schedule with a reduced number of total doses is indicated if children start late or have a lapse in vaccination. Children with a lapse in vaccination should be vaccinated according to the catch-up schedule.¹ For children vaccinated with PCV7 at less than one year of age, the minimal interval between doses is four weeks; the additional dose should be administered at least eight weeks after the primary series has been completed; for children 12 to 59 months of age, the minimal interval between doses is eight weeks. PCV7 may also be considered for children 24 to 59 months of age who do not have cochlear implants, immunocompromising conditions, or certain chronic illnesses; if PCV7 is administered to children without these conditions, only one dose is indicated. PCV7 is not generally recommended for children five years of age or older.

‡ PPV23 is not recommended for children less than two years of age. Children less than five years of age should complete the PCV7 series first; PPV23 should be administered at least eight weeks after the last dose of PCV7.² Revaccination with PPV23 is recommended for persons with certain risk factors other than a cochlear implant.³

1. Pneumococcal conjugate vaccine shortage resolved. *MMWR Morb Mortal Wkly Rep* 2003;52:446-7. (Also available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5219a6.htm>.)

2. Preventing pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Morb*

Mortal Wkly Rep 2000;49(RR-9):1-35. (Also available at <http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf>.)

3. Prevention of pneumococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep* 1997;46(RR-8):1-24. (Also available at <ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4608.pdf>.)