

Using Combination Vaccines to Immunize Children 2 Years of Age and Younger Pediarix[®], TriHIBit[®] and ProQUAD[®]

Use of licensed combination vaccines is preferred to separate injections to decrease the number of injections and missed opportunities. Licensed combination vaccines can be used whenever any components of the combination vaccines are indicated and its other components are not contraindicated and if licensed by the FDA for that dose in the series.

When administering combination vaccines, the minimum age for administration is the oldest age for any of the individual components; the minimum interval between doses is equal to the greatest interval of any of the individual antigens.

Age ► Vaccine ▼	Birth	2 months	4 months	6 months	12 months	15 months
Hep B ¹	✓	Pediarix [®]	Pediarix [®]	Pediarix [®]		
IPV		DTaP/HepB/IPV ²	DTaP/HepB/IPV ²	DTaP/HepB/IPV ²		
DTaP					TriHIBit [®] DTaP/Hib ⁴	
Hib		✓	✓	✓		
PCV7		✓	✓	✓	✓	
Rota		✓(orally)	✓(orally)	✓(orally)		
MMR					ProQUAD [®] MMRV	
Var						
Hep A					✓	
Influenza				6-23 months given annually		

¹ It is permissible to administer 4 doses of hep B when 3 doses of a hep B containing combination are given after the birth dose of hep B.

² Pediarix[®] (DTaP/Hep B/IPV) may be given for any of the first 3 doses of DTaP or IPV and any dose of hep B to children 6 wks through 6 yrs of age. Do NOT administer for the 4th or 5th dose of DTaP or the 4th dose of IPV.

³ If PedvaxHIB[®] (PRP-OMP [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. The final dose in the series should be administered at 12 months of age and older.

⁴ TriHIBit[®] (DTaP/Hib) should NOT be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as a booster after any Hib vaccine primary series. The final dose in the series should be administered at age 12 months or older.

General Recommendations on Immunization Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR 2006; 55 No. RR-15
 Combination Vaccines for Childhood Immunization Advisory Committee on Immunization Practices (ACIP) MMWR 1999; 48 No. RR-5:5
 2007 Recommended Immunization Schedule for Ages birth – 6 years

Using Combination Vaccines to Immunize Children 2 Years of Age and Younger COMVAX[®] and ProQUAD[®]

Use of licensed combination vaccines is preferred to separate injections to decrease the number of injections and missed opportunities. Licensed combination vaccines can be used whenever any components of the combination vaccines are indicated and its other components are not contraindicated and if licensed by the FDA for that dose in the series.

When administering combination vaccines, the minimum age for administration is the oldest age for any of the individual components; the minimum interval between doses is equal to the greatest interval of any of the individual antigens.

Age ► Vaccine ▼	Birth	2 months	4 months	6 months	12 months	15 months
DTaP		✓	✓	✓		✓
IPV		✓	✓	✓		
Hep B¹	✓	COMVAX [®]	COMVAX [®]		COMVAX [®]	
Hib²		HepB/Hib	HepB/Hib ³		HepB/Hib	
PCV7		✓	✓	✓	✓	
Rota		✓ (orally)	✓ (orally)	✓ (orally)		
MMR					ProQUAD [®]	
Var					MMRV	
Hep A					✓	
Influenza				6-23 months given annually		

¹ It is permissible to administer 4 doses of hep B when 3 doses of a hep B containing combination are given after the birth dose of hep B.

² If PedvaxHIB[®] or COMVAX[®] (PRP-OMP [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. The final dose in the series should be administered at age 12 months or older.

³ COMVAX[®] contains PedvaxHIB[®] (PRP-OMP [Merck]) and hep B vaccine. PedvaxHIB[®] could be used in place of COMVAX[®] for the 2nd dose of Hib vaccine. Use of any other Hib vaccine would require doses at both 4 and 6 months. The final dose in the series should be administered at age 12 months or older.

General Recommendations on Immunization Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR 2006; 55 No. RR-15
 Combination Vaccines for Childhood Immunization Advisory Committee on Immunization Practices (ACIP) MMWR 1999; 48 No. RR-5:5
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