

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Rotavirus Vaccine</p> <p>Rota Teq®, Live, Oral, Pentavalent (RV5) Merck</p> <p>ROTARIX®, Rotavirus Vaccine, Live, Oral (RV1) GlaxoSmithKline Biologicals</p>	<p>Infants aged 6 weeks through 8 months 0 days:</p> <p>RotaTeq® (RV5)</p> <p>First: 2 mL orally (PO) for infants 6 to 14 weeks 6 days of age*</p> <p>Second 2 mL PO 4-10 weeks later**</p> <p>Third: 2 mL PO 4-10 weeks later and by age 8 months 0 days**</p> <p>Rotarix® (RV1)</p> <p>First: 1 mL orally (PO) for infants 6 weeks through 14 weeks 6 days of age*</p> <p>Second 1 mL PO 4-10 weeks later and by age 8 months 0 days**</p> <p>* First dose of either RV1 or RV5 must be administered before infant is 15 week old. Vaccination should not be initiated for infants of age 15 weeks 0 days or older.</p> <p>**The minimum interval between doses of rotavirus vaccine is 4 weeks. The maximum age for the last dose is age 8 months 0 days.</p>	<p>Not established</p>	<p>Currently there are two licensed live rotavirus vaccines that are administered orally, however they differ in the dose, and the number of doses recommended.</p> <p>Interchangeability of Rotavirus Vaccines ACIP recommends that the rotavirus vaccine series be completed with the same product whenever possible. However, vaccination should not be deferred if the product used for previous doses is not available or is unknown. In this situation, the provider should continue or complete the series with the product available. If any dose in the series was RV5 or the product is unknown for any dose in the series, a total of three doses of rotavirus vaccine should be given.</p> <p>Adverse Reactions: Children are slightly (1-3%) more likely to have mild, temporary diarrhea or vomiting within 7 days after getting a dose of rotavirus vaccine than children who have not gotten the vaccine.</p> <p>Contraindication and Precautions:</p> <ul style="list-style-type: none"> • Severe hypersensitivity or anaphylactic reaction to the vaccine or a constituent of the vaccine or after receiving a previous dose of rotavirus vaccine. Latex rubber is contained in the RV1 oral applicator, so infants with a severe (anaphylactic) allergy to latex should not receive RV1. The RV5 dosing tube is latex-free. • Acute gastroenteritis: Rotavirus vaccine should not be administered to infants with acute, moderate to severe gastroenteritis until the condition improves. However, infants with mild acute gastroenteritis can be vaccinated, particularly if the delay in vaccination may be substantial and might make the child ineligible to receive vaccine. • Moderate to severe illness until improved • Preexisting chronic gastrointestinal disease (e.g. congenital malabsorption syndromes, Hirschsprung's disease, short-gut syndrome, or persistent vomiting of unknown cause) • Infants with a previous episode of intussusception. • Altered immunocompetence: Infants with blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic system. Infants on immunosuppressive therapy (including high-dose systemic corticosteroids). Infants with primary and acquired immunodeficiency states, including HIV/AIDS or other clinical manifestations of infection with human immunodeficiency viruses; cellular immune deficiencies, and hypogammaglobulinemic and dysgammaglobulinemic states. There is insufficient data from the clinical trials to support administration of rotavirus vaccine to infants with indeterminate HIV status who are born to mothers with HIV/AIDS. • Infants who have received a blood transfusion or blood products, including immunoglobulins within 42 days. However, if the 6-week deferral would cause the first dose of rotavirus vaccine to be scheduled at an age older than 14 weeks 6 days, a shorter deferral interval should be used to ensure the first dose is administered before age 15 weeks.