

**IMMUNOBIOLOGICS**

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine (DTaP)</p> <p><b>Daptacel®</b> Sanofi Pasteur</p> <p><b>Infanrix™</b> GlaxoSmithKline</p> <p><b>Tripedia®</b> Sanofi Pasteur</p>	<p><b>Children 6 weeks through 6 years:</b></p> <p>First: 0.5 mL IM            Second: 0.5 mL IM 4-8 weeks later            Third: 0.5 mL IM 4-8 weeks later            Fourth: 0.5 mL IM 6-12 mos. later (See comments)</p> <p>Under 1 year of age, preferred site of administration is anterolateral thigh.</p> <p>Whenever possible the same brand of DTaP vaccine should be used for all doses of the vaccination series. However, vaccination should not be deferred because the brand of DTaP used earlier is not known or is not in stock.</p>	<p>Fifth: 0.5 mL IM at 4-6 years of age</p> <p>Fifth dose not needed if the fourth dose was given on or after the fourth birthday.</p>	<p>The fourth DTaP dose is recommended be administered at 15-18 months of age (17-20 months for Daptacel); it may be administered as early as 12 months of age, provided 6 months have elapsed since the third dose and if the child is unlikely to return at 15-18 months of age.</p> <p>Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided individually. Generally, infants and children with stable neurologic conditions, including well-controlled seizures, may be vaccinated (See "Guidelines for Diphtheria-Tetanus-Pertussis Immunization of Young Children with Histories of Convulsions," in this document. Acetaminophen or ibuprofen, administered at the appropriate dose at the time of vaccination and every 4 hours for 24 hours as directed or needed thereafter, reduces the possibility of post-vaccination fever.</p> <p><b>Diphtheria vaccination for contacts to a diphtheria case:</b> See Td section</p> <p><b>Adverse Reactions:</b> Erythema and induration with or without tenderness at the injection site, persisting for a few days, are not unusual. Fever, drowsiness, fretfulness, and anorexia occur but are less common in children who receive DTaP than with DTP. Severe local reaction may occur, particularly in persons who have had multiple doses. There are reports of increased local reaction with the fourth and fifth doses. See DT regarding other rare adverse reactions. Moderate to severe systemic events (such as fever <math>\geq 105^{\circ}\text{F}</math>, febrile seizures, persistent crying lasting <math>\geq 3</math> hours, and hypotonic hyporesponsive episodes) have been reported rarely after administration of DTaP. Anaphylaxis occurs rarely.</p> <p>Swelling involving the entire thigh or upper arm has been reported after booster doses of certain acellular pertussis vaccines. The limb swelling may be accompanied by erythema, pain and fever. Although the swelling may interfere with walking, most children have no limitation of activity.</p> <p><b>Precautions:</b> History of one of the following occurring after a prior dose: Temperature of <math>105^{\circ}\text{F}</math> (<math>40.5^{\circ}\text{C}</math>) or higher within 48 hours that is not due to another identifiable cause; collapse or shock-like state (hypotonic hyporesponsive episode) within 48 hours; persistent, inconsolable crying lasting 3 hours or longer, occurring within 48 hours; and convulsions with or without fever occurring within 3 days. GBS within 6 weeks (See DT precaution section).</p> <p>If a precautionary event occurs, weigh the risks and benefits of further doses of DTaP. Use DT if risks outweigh benefits.</p> <p><b>Contraindications:</b> Severe allergic reaction to a vaccine component or following prior dose of vaccine, and encephalopathy not due to another identifiable cause occurring within 7 days after vaccination. Moderate or severe acute illness until condition improves.</p>