# Combination Diphtheria, Tetanus and Pertussis – Polio – *Haemophilus influenza*, Type B – Hepatitis B (DTaP-IPV-Hib-Hep B) Routine and Catch-up Vaccine Protocol

vaccine protocol for persons 6 weeks through 4 years

**Document reviewed and updated: March 26, 2024**

## Condition for protocol

To reduce incidence of morbidity and mortality of diphtheria, tetanus, pertussis, polio, *Haemophilus influenza*, type B, and hepatitis B (DTaP-IPV-Hib-Hep B) diseases.

## Policy of protocol

The nurse will implement this protocol for DTaP-IPV-Hib-Hep B vaccination.

## Condition-specific criteria and prescribed actions

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action. **Delete this paragraph before signing protocol**.]

Indications

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| Criteria | Prescribed action |
| Currently healthy child age 6 weeks through 4 years who needs primary series of DTaP, IPV, Hib and Hep B.  | Proceed to vaccinate if meets remaining criteria. |
| Child is less than age 6 weeks. | Do not give. [Reschedule vaccination when child meets age criteria.][if no birth dose of Hepatitis B vaccine, vaccinate with single antigen Hepatitis B vaccine only.] |
| Child is older than 4 years. | Do not give, use another approved product for this age group. |
| Child is more than one month behind routine schedule for primary series. | Proceed to vaccinate, follow catch up intervals.  |
| Child has a history of pertussis disease. | Not a contraindication; proceed to vaccinate if meets remaining criteria. |

Contraindications

|  |  |
| --- | --- |
| Criteria:  | Prescribed action |
| Person had a severe allergic reaction to a previous dose of DTaP-IPV-Hib-Hep B or separate DTaP-IPV-Hib-Hep B vaccine. | Do not vaccinate. |
| Person has a severe allergy to a component of DTaP-IPV-Hib-Hep B vaccine. | Do not vaccinate. |
| Encephalopathy within 7 days of a previous pertussis-containing vaccine with no other identifiable cause. | Do not vaccinate. [Refer to primary care provider.] [Refer to Td protocol for children <7 years old with a contraindication to pertussis-containing vaccine.] |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person is currently on antibiotic therapy. | Not a contraindication, proceed to vaccinate. |
| Person has a mild illness defined as temperature less than \_\_\_\_\_\_ °F/°C with symptoms such as: \_\_\_\_\_ [to be determined by medical prescriber] | Not a contraindication, proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature greater than \_\_\_\_\_ °F/°C with symptoms such as: \_\_\_\_ [to be determined by medical prescriber] | Defer vaccination and [to be determined by medical prescriber] |
| Carefully consider benefits and risks before administering DtaP-IPV-Hib-Hep B vaccine to persons with a history of:fever ≥40.5°C (≥105°F), hypotonic-hyporesponsive episode (HHE) or persistent, inconsolable crying lasting ≥3 hours within 48 hours after a previous pertussis-containing vaccineseizures within 3 days after a previous pertussis-containing vaccine. | [Refer to primary care provider for evaluation of risk and benefit of vaccination.] |
| History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid–containing vaccines. | Defer vaccination until at least 10 years have elapsed since the last tetanus toxoid–containing vaccine. |
| Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine. | [Refer to primary care provider for evaluation of risk and benefit of vaccination.]  |

## Prescription:

### Routine vaccination

Give DTaP-IPV-Hib-HepB 0.5 ml, intramuscularly (IM) at ages 2 months, 4 months, and 6 months; do not give third dose before 24 weeks of age.

### Catch-up schedule

Minimum interval between doses:

* Dose 1 to dose 2: 4 weeks
* Dose 2 to dose 3: 8 weeks

Keep at least 16 weeks between dose 1 and dose 3 AND do not give dose 3 before age 24 weeks.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: