

## Vaccine Product Summary

Vaccine Generic Name	Vaccine Brand Name	Vaccine Mfr*	Age Group Licensed to Receive Vaccine	Dose	Adm Route	Additional Use Comments
<b>Diphtheria, tetanus, pertussis (DTaP)</b>	Daptacel	SP	6 weeks through 6 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>Cannot be used on or after 7th birthday</li> </ul>
	Infanrix	GSK	6 weeks through 6 years	0.5 mL	IM	
<b>Diphtheria, tetanus (pediatric) (DT)</b>	Generic	SP	6 weeks through 6 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>Used if child had a reaction to pertussis vaccine</li> <li><b>Not for adolescent or adult use</b></li> </ul>
<b>DTaP–HepB–IPV</b>	Pediarix	GSK	6 weeks through 6 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>Can only be used for the first 3 doses of DTaP and IPV</li> </ul>
<b>DTaP–IPV</b>	Kinrix	GSK	4 through 6 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>Can be used for the 5th dose of DTaP</li> <li>Can be used for the 4th dose of IPV series</li> </ul>
<b>DTaP–IPV–Hib</b>	Pentacel	SP	6 weeks through 4 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>Mix DTaP-IPV liquid with Hib powder</li> </ul>
<b>Tetanus, diphtheria (Td)</b>	Decavac	SP	7 years and older	0.5 mL	IM	<ul style="list-style-type: none"> <li>Not used for persons under 7 years of age</li> </ul>
	Td	Akorn				
<b>Tetanus, diphtheria, pertussis (Tdap)</b>	Boostrix	GSK	10 years and older	0.5 mL	IM	<ul style="list-style-type: none"> <li>Tdap vaccines are licensed as a one-time dose</li> <li>When giving or completing a 3-dose primary series, one of the doses should be Tdap</li> </ul>
	Adacel	SP	11 through 64 years	0.5 mL	IM	
<b><i>Haemophilus influenzae</i> type B (Hib)</b>	PedvaxHIB (PRP-OMP)	MSD	6 weeks through 5 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>2-dose primary series at 2 and 4 months of age, booster at 12–15 months of age</li> </ul>
	ActHIB (PRP-T)	SP	2 through 18 months	0.5 mL	IM	<ul style="list-style-type: none"> <li>3-dose primary series at 2, 4, and 6 months of age, booster at 12–15 months of age</li> </ul>
	Hiberix (PRP-T)	GSK	12 months through 4 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>Only use for final Hib dose after age 12 months of age</li> <li>Mix liquid diluent with Hib powder and withdraw 0.5mL</li> <li>Must use within 8 hours of reconstitution</li> </ul>
<b>Hib–HepB</b>	Comvax	MSD	6 weeks through 5 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>3-dose series at 2, 4, and 12-15 months of age</li> </ul>



Immunization Program  
P.O. Box 64975  
St. Paul, MN 55164-0975  
651-201-5503, 1-800-657-3970  
[www.health.state.mn.us/immunize](http://www.health.state.mn.us/immunize)

Vaccine Generic Name	Vaccine Brand Name	Vaccine Mfr*	Age Group Licensed to Receive Vaccine	Dose	Adm Route	Additional Use Comments
<b>Hepatitis A (HepA)</b>	Havrix	GSK	Pediatric: 1 through 18 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>• 2-dose series at least 6 months apart</li> <li>• Do not give before 1st birthday</li> </ul>
			Adult: 19 years and older	1.0 mL		
	VAQTA	MSD	Pediatric: 1 through 18 years	0.5 mL	IM	
			Adult: 19 years and older	1.0 mL		
<b>Hepatitis B (HepB)</b>	Engerix-B	GSK	Pediatric: birth through 19 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>• Do not restart the series</li> </ul>
			Adult: 20 years and older	1.0 mL		
	Recombivax HB	MSD	Pediatric: birth through 19 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>• Do not restart the series</li> <li>• When using alternative dosing for adolescents 11 through 15 years give 2 doses 4–6 months apart</li> </ul>
			Adolescents: 11 through 15 years	1.0 mL		
			Adult: 20 years and older	1.0 mL		
<b>HepA–HepB</b>	Twinrix	GSK	18 years and older	1.0 mL	IM	<ul style="list-style-type: none"> <li>• Not available through MnVFC</li> <li>• Hep A dose in Twinrix is NOT an adult dose so 3 doses are required</li> </ul>
<b>Human papillomavirus (HPV2, HPV4)</b>	Gardasil, HPV4 (Types 6, 11, 16, 18)	MSD	9 through 26 years (females and males)	0.5 mL	IM	<ul style="list-style-type: none"> <li>• 3-dose series at intervals of 0, 1- 2, and 6 months</li> </ul>
	Cervarix HPV2 (Types 16, 18)	GSK	10 through 25 years (females only)	0.5 mL	IM	
<b>Inactivated polio (IPV)</b>	Ipol	SP	6 weeks and older	0.5 mL	IM or SQ	

Vaccine Generic Name	Vaccine Brand Name	Vaccine Mfr*	Age Group Licensed to Receive Vaccine	Dose	Adm Route	Additional Use Comments
<b>Influenza, trivalent inactivated influenza (TIV)</b>	Agriflu	NOV	18 years and older	0.5 mL	IM	<ul style="list-style-type: none"> <li>Product not available for 2011-2012 flu season</li> </ul>
	Fluzone	SP	6 months and older	See note	IM	<ul style="list-style-type: none"> <li>Age 6 months through 35 months: 0.25 mL dose</li> <li>Age 3 years and older: 0.5 mL dose</li> <li>Follow ACIP's two-dose recommendation for children age 6 months through 8 years</li> </ul>
	Fluzone, High-dose	SP	65 years and older	0.5 mL	IM	<ul style="list-style-type: none"> <li>Not available through MnVFC</li> </ul>
	Fluzone, Intradermal	SP	18 through 64 years	0.1 mL	ID	<ul style="list-style-type: none"> <li>Apply over deltoid part of arm</li> <li>Syringe/needle is specifically designed for administering into the intradermal layer of skin</li> </ul>
	Fluvirin	NOV	4 years and older	0.5 mL	IM	<ul style="list-style-type: none"> <li>Follow ACIP's two-dose recommendation for children age 4 through 8 years</li> </ul>
	Afluria	CSL	5 years and older	See note	IM	<ul style="list-style-type: none"> <li>ACIP does not recommend Afluria for children age 5 through 8 years unless no other licensed age-appropriate vaccine is available and the child is at increased risk for influenza complications (i.e., certain medical conditions).</li> <li>Afluria may be used in children age 9 years and older.</li> <li>Not available through MnVFC</li> </ul>
	FluLaval	GSK	18 years and older	0.5 mL	IM	<ul style="list-style-type: none"> <li>Not available through MnVFC</li> </ul>
	Fluarix	GSK	3 years and older	0.5 mL	IM	<ul style="list-style-type: none"> <li>Follow ACIP's two-dose recommendation for children age 3 through 8 years</li> <li>Not available through MnVFC</li> </ul>
<b>Influenza, live attenuated influenza vaccine (LAIV)</b>	Flumist	MEDI	2 through 49 years	0.1 mL in each nostril	Nasal	<ul style="list-style-type: none"> <li>Children age 2 years through 8 years need 2 doses the first year they receive influenza vaccine</li> </ul>
<b>Japanese Encephalitis (JE)</b>	Ixiaro	NOV	17 years and older	0.5mL	IM	<ul style="list-style-type: none"> <li>2 dose series at 0 and 28 days</li> <li>Complete the series at least 10 days before arrival in endemic areas</li> <li>Not approved for children</li> </ul>

Vaccine Generic Name	Vaccine Brand Name	Vaccine Mfr*	Age Group Licensed to Receive Vaccine	Dose	Adm Route	Additional Use Comments
<b>Measles, mumps, rubella (MMR)</b>	M-M-R II	MSD	1 year and older	~0.5 mL	SQ	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> give before the 1st birthday</li> <li>• Give at the same time as varicella and/or PPD or any other live virus vaccine (i.e., yellow fever)</li> <li>• If not given at the same time as varicella and/or PPD wait at least 28 days</li> <li>• Administer entire reconstituted volume</li> <li>• Protect from light and use within 8 hours of reconstitution</li> </ul>
<b>Measles, mumps, rubella, varicella (MMRV)</b>	Proquad	MSD	12 months through 12 years	0.5 mL	SQ	<ul style="list-style-type: none"> <li>• Must use within 30 minutes of reconstitution</li> </ul>
<b>Meningococcal conjugate (MCV)</b>	Menactra	SP	9 months through 55 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>• Covers types A, C, Y, and W-135</li> </ul>
	Menveo	NOV	2 through 55 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>• Covers types A, C, Y, and W-135</li> <li>• Mix liquid MenA with powder C, Y, W-135</li> <li>• Must use within 8 hours of reconstitution</li> </ul>
<b>Meningococcal polysaccharide (MPSV)</b>	Menomune	SP	2 years and older	0.5 mL	SQ	<ul style="list-style-type: none"> <li>• Give to at risk persons for whom MCV4 is not licensed (i.e., persons 56 years and older with risk factors)</li> <li>• Not available through MnVFC</li> </ul>
<b>Pneumococcal Conjugate, 13-valent (PCV)</b>	Prennar	WAL	6 weeks through 5 years	0.5 mL	IM	<ul style="list-style-type: none"> <li>• Give a dose of PCV13 to healthy children through age 4 years and at risk children through 5 years who already completed the PCV7 series.</li> </ul>
<b>Pneumococcal, polysaccharide, 23-valent (PPSV)</b>	Pneumovax23	MSD	2 years and older	0.5 mL	IM or SQ	
<b>Rabies</b>	Imovax	SP	No defined age	1 mL	IM	<ul style="list-style-type: none"> <li>• Not available through MnVFC</li> <li>• Pre-exposure</li> <li>• Post-exposure</li> </ul>
	RabAvert	NOV		1 mL	IM	

Vaccine Generic Name	Vaccine Brand Name	Vaccine Mfr*	Age Group Licensed to Receive Vaccine	Dose	Adm Route	Additional Use Comments
<b>Rotavirus (RV1, RV5)</b>	Rotarix (RV1)	GSK	6 weeks through 8 months	1 mL	PO	<ul style="list-style-type: none"> <li>• <b>Rotarix:</b> mix oral diluent into powder and give immediately after mixing</li> <li>• <b>Rotarix:</b> 2-dose series at 2 and 4 months of age</li> <li>• <b>Rotateq:</b> 3-dose series at 2, 4, and 6 months of age</li> <li>• <b>DO NOT</b> begin the series after 15 weeks of age</li> <li>• <b>DO NOT</b> give any doses after 8 months, 0 days</li> <li>• Do not repeat if child spits out the dose</li> </ul>
	RotaTeq (RV5)	MSD	6 weeks through 8 months	2 mL	PO	
<b>Typhoid</b>	Typhim Vi	SP	2 years and older	0.5mL	IM	<ul style="list-style-type: none"> <li>• Give a single dose. Give a a booster dose every 2 years if person is at risk</li> <li>• Not available through MnVFC</li> </ul>
	Vivotif	Berna	7 years and older	Capsule	PO	<ul style="list-style-type: none"> <li>• Give one capsule every other day for 4 doses</li> <li>• Not available through MnVFC</li> </ul>
<b>Varicella (chickenpox) (VAR)</b>	Varivax	MSD	1 year and older	0.5 mL	SQ	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> give before the 1st birthday</li> <li>• PPD Give at the same time as varicella and/or PPD or any other live virus vaccine (i.e., yellow fever)</li> <li>• If not given at the same time as MMR and/or PPD wait at least 28 days</li> <li>• If using catch-up schedule, the minimum interval is 3 months for children age 1 through 12 years and 4 weeks for persons age 13 years and older</li> </ul>
<b>Yellow Fever</b>	YF-VAX	SP	9 months and older	0.5 mL	SQ	<ul style="list-style-type: none"> <li>• Must be a designated by MDH as a yellow fever vaccination clinic</li> </ul>
<b>Zoster (shingles) (ZOS)</b>	Zostavax	MSD	50 years and older	0.65 mL	SQ	<ul style="list-style-type: none"> <li>• Administer entire reconstituted volume</li> <li>• Must use within 30 minutes of reconstitution</li> <li>• Current routine recommendation is for persons 60 years and older</li> </ul>

\* Vaccine Manufacturer Key:

**Akorn**=Akorn  
**MEDI**=MedImmune

**CSL**=CSL Biotherapies  
**MSD**=Merck

**GSK**=GlaxoSmithKline  
**NOV**=Novartis

**WAL**=Wyeth  
**SP**=sanofi pasteur

Adapted from MDH *Standing Orders for Routine Immunizations* and Gloria Tobias' (Countryside Public Health) *Vaccine Cheat Sheet*.