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

vaccine protocol for Persons Age 6 weeks through 6 years

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

## Condition for protocol

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

## Policy of protocol

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

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[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.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Currently healthy child age 6 weeks through 6 years needing doses 1, 2 or 3 of DTaP or polio, and doses 1, 2, 3, 4 (if birth dose given) of hepatitis B vaccines. | 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 only] |
| Child is 7 months or older or child is more than 1 month behind routine schedule. | Proceed to vaccinate, follow catch-up intervals.  |
| Child has had pertussis disease. | Proceed to vaccinate, DTaP-containing products are not contraindicated.  |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction (anaphylaxis) to a previous dose of DTaP-IPV-Hep B or separate DTaP, IPV or hepatitis B vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a severe allergy to a component of DTaP-IPV-Hep B or any of the separate vaccines. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Encephalopathy (e.g., coma, decreased level of consciousness; prolonged seizures without recovery within 24 hours) without an identified cause within 7 days after administration of prior dose of DTaP-containing vaccine. | 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. | 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} | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber} | Defer vaccination and {to be determined by medical prescriber} |
| 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 even for tetanus prophylaxis. Give IPV and HepB separately using respective protocols. |
| Current progressive neurological disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy. | [Refer to primary care provider for further evaluation.] [Delay vaccination until neurological condition can be assessed, treatment regimen is established, and patient is stabilized. Refer to primary care provider for further evaluation.] [If neurological disorder has been assessed, child is stable, and treatment regimen has been established, proceed to vaccinate using DTaP-IPV-Hep B.] [If epilepsy has been evaluated and seizures are controlled [through medication] proceed to vaccinate using DTaP-IPV-Hep B.] |
| Guillan-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.] [Give IPV and hepatitis B as separate vaccines according to the respective protocols.] |

## Prescription

### Routine vaccination

Give DTaP-IPV-Hep B 0.5 ml, intramuscularly (IM) at ages 2 months, 4 months, and 6 months. The six-month dose should not be given any earlier than age 24 weeks.

### 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: