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

vaccine protocol for Persons Age 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, and *Haemophilus* *influenza*, type B (DTaP-IPV-Hib) diseases.

## Policy of protocol

The nurse will implement this protocol for DTaP-IPV-Hib 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 4 years who needs DTaP doses 1, 2, 3, or 4; Hib doses 1, 2, 3, or 4; or IPV doses 1, 2, 3, or 4. | Proceed to vaccinate if meets remaining criteria. |
| Child is less than age 6 weeks. | Do not give. [Reschedule vaccination when child meets age criteria.] |
| Child is age 5 years or older. | Do not give DTaP-IPV-Hib. |
| Child is more than 1 month behind routine schedule for primary series and first booster of DTaP, IPV, and Hib. | Proceed to vaccinate, follow catch-up intervals. |
| Child has had pertussis disease. | Proceed to vaccine, DTaP-containing products are not contraindicated. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction (anaphylaxis) to a previous dose of DTaP-IPV-Hib or separate DTaP, Hib or IPV vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a severe allergy to a component of DTaP-IPV-Hib 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 of 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 |
| If 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} |
| Current progressive neurological disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy. | [Refer to primary care provider.]  [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 with DTaP-IPV-Hib vaccination.]  [If epilepsy has been evaluated and seizures are controlled [through medication], proceed with DTaP-IPV-Hib 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 |
| 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 Hib as separate vaccines according to the respective protocols.] |

## Prescription

### Routine vaccination

Give DTaP-IPV-Hib 0.5 ml, intramuscularly (IM) at ages 2 months, 4 months, and 6 months and 15-18 months.

### Catch-up schedule

Minimum interval between doses:

* Dose 1 to dose 2: 4 weeks
* Dose 2 to dose 3: 4 weeks
* Dose 3 to dose 4: At least 6 months

## 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: