



NEONATAL

INFANRIX HEXA VACCINE®




**Combination Product: Diphtheria- tetanus-acellular Pertussis (DTPa) ,
Hepatitis B, Poliovirus and Haemophilus Influenza Type B vaccine**

This document should be read in conjunction with this [DISCLAIMER](#)

Unrestricted: Any prescriber may initiate treatment as per guideline

Presentation	2 components that must be combined prior to administration 0.5mL monodose pre-filled syringe and a vial containing a lyophilised pellet								
Classification	DTPa-hepB-IPV-Hib — diphtheria-tetanus-acellular pertussis-hepatitis B-inactivated poliovirus- <i>Haemophilus influenzae</i> type b combination vaccine								
Indication	Used as part of the National Immunisation Program NOTE: Parent/Guardian consent is to be obtained prior to administration of all vaccinations								
Contraindications	Contraindicated in patients with serious allergic reactions after a previous vaccine dose or to a component of the vaccine, including yeast, neomycin and polymyxin B. Contraindicated in infants who develop encephalopathy within 7 days following any DTP vaccination – consult immunology for further advice.								
Dose	Intramuscular: 0.5mL (See Preparation Section) <table border="1"> <thead> <tr> <th><u>Dose</u></th> <th><u>Age</u></th> </tr> </thead> <tbody> <tr> <td>1st</td> <td>6 weeks*</td> </tr> <tr> <td>2nd</td> <td>4 months</td> </tr> <tr> <td>3rd</td> <td>6 months</td> </tr> </tbody> </table> <p>*6-week vaccinations can be delayed to 8 weeks of age if medically unwell.</p>	<u>Dose</u>	<u>Age</u>	1 st	6 weeks*	2 nd	4 months	3 rd	6 months
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1 st	6 weeks*								
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Preparation	<p>Note: Both components must be combined prior to administration.</p> <ul style="list-style-type: none"> • Inspect the contents of the syringe and the pellet for discolouration. If discoloured, discard vaccine. • Shake the suspension in the syringe well until it is evenly mixed. • Add the entire contents of the syringe to the vial containing the lyophilised pellet. • Shake until pellet is completely dissolved. • Draw up 0.5mL dose. Inject immediately after reconstitution
Monitoring	<p>Infants receiving immunisations are to have a full set of observations taken prior to immunisation and then continue full observations with feeds for 48 hours post immunisation</p> <p>Monitor temperature – Do not give during febrile illness or acute infection</p>
Compatible Fluids	Do not combine with any other fluids or vaccinations
Administration	<p>Intramuscular Injection ONLY</p> <p>Administer the entire reconstituted volume (0.5 mL) by intramuscular injection (IMI) to the anterolateral aspect of the thigh (slowly to reduce pain).</p>
Adverse Reactions	<p>Pain and redness at injection site, fever , swelling , vomiting, shock</p> <p>A nodule may be present at the injection site for a few weeks</p>
Storage	Refrigerate – do not freeze
Guidelines & Resources	<p>CAHS Neonatology - Immunisations Guideline</p> <p>Western Australian Immunisation Schedule</p>
References	<p>Australian Medicines Handbook. Hepatitis B vaccine. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2019 [cited 2019 Sept 2]. Available from: https://amhonline.amh.net.au/</p> <p>MIMS Australia. Infanrix Hexa . In: MIMS Online [Internet]. St Leonards (New South Wales): MIMS Australia; 2019 [cited 201 Sep 2]. Available from: https://www.mimsonline.com.au</p> <p>The Australian Immunisation Handbook In : Hepatitis B. Last updated November 2019 Available from: https://immunisationhandbook.govcms.gov.au/vaccines/infanrix-hexa</p>

Document owner:	Head of Department - Neonatology		
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Last reviewed:	August 2019	Next review date:	August 2024
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Standards Applicable:	NSQHS Standards: 1  Governance 3  Infection Control 4  Medication Safety;		
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