

NEONATAL West of Scotland Drug Monographs

Parenteral Routes

Neonatal

6 in 1 Vaccine **Infanrix HEXA** (Diphtheria, Tetanus, Acellular Pertussis, Poliomyelitis, Haemophilus influenzae Type B, Hepatitis B)

BRAND Infanrix Hexa®
(Note only this brand should be used with this monograph)

FORM (Diphtheria, Tetanus, Acellular Pertussis, Poliomyelitis, Haemophilus influenzae Type B, Hepatitis B Vaccine) in 0.5ml prefilled syringe

INDICATION Primary Immunisation (See WoS Immunisation Guideline for full details of immunisation programme)

DOSE RANGE

AGE	DOSE	FREQUENCY	ROUTE
2 - 6 months	0.5ml	ONCE only (repeat as per immunisation schedule)	IM injection

RECONSTITUTION

The vaccine is reconstituted by adding the entire contents of the pre-filled syringe of DTPa-HBV-IPV suspension to the vial containing the Hib powder.

1. Shake the pre-filled syringe containing the DTPa-HBV-IPV suspension
2. Attach a needle to the pre-filled syringe of DTPa-HBV-IPV and inject the contents of the syringe into the Hib vial.
3. With the needle still inserted, shake the Hib vial vigorously and examine for complete dissolution.
4. Withdraw the entire mixture back into the syringe.
5. Replace the needle with an appropriate size needle for injection and administer the vaccine.

ADMINISTRATION

Give by IM injection into anterolateral thigh.
Local reactions may be reduced by ensuring the needle is placed deep into the muscle.
Injection should be given into a different limb to vaccines given at same time or at least 2.5cm apart if same limb MUST be used
Avoid IM administration in bleeding disorders. Give by deep subcutaneous injection instead. See WoS Neonatal Haematology Guideline for more information

FURTHER INFORMATION

- Infants fitting criteria for accelerated schedule should still receive monovalent Hep B vaccine at birth and 1 month of age, but 3rd dose at 2 months will be covered by the Infanrix Hexa vaccine. These babies will also still require routine booster at 12 months, but will not require a pre-school booster.
- Premature babies follow the same programme with no correction for gestational age
- Complete relevant local paperwork for public health

NEONATAL West of Scotland Drug Monographs

Parenteral Routes

Neonatal

- The first course of vaccination has been associated with a recurrence of apnoea in premature babies. Such babies should be monitored closely following vaccination.
-
- If the patient has an evolving neurological problem with no identified cause, including poorly controlled epilepsy, immunisation should be deferred and the child referred to a specialist

STORAGE Store in the fridge

LICENSED STATUS Licensed Use

APPLICABLE POLICIES West of Scotland Neonatal Guidelines
Consult local policy if applicable

Document Number:	002	Supersedes:	001
Prepared by/Checked by	Alison Lockett/Maria Tracey	Final Approval by	WoS Neonatal Pharmacist Group
Date Prepared	February 2024	Review Date	February 2027

Dose may vary depending on indication, age, renal function, hepatic function, and concomitant medications.
This monograph should be used in conjunction with the terms of reference document prepared by the West of Scotland Pharmacist Network. Information is correct at the time of publication and as per local practice agreement.
For further advice please contact your clinical pharmacist or pharmacy department