

**Pentacel®**  
**DTaP / Hib / IPV**

<b>Pathophysiology</b>	(See DTaP, Hib, and IPV pages)										
<b>Vaccine Description</b>	Combined diphtheria and tetanus toxoids and acellular pertussis adsorbed (DTaP), <i>Haemophilus Influenzae</i> type B (Hib), and inactivated polio virus vaccine (IPV)										
<b>Dose &amp; Route</b>	0.5 ml given IM										
<b>Administration Schedule*</b>	<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><b>Dose</b></th> <th style="text-align: left;"><b>Recommended Age</b></th> </tr> </thead> <tbody> <tr> <td>1 .....</td> <td>2 months</td> </tr> <tr> <td>2 .....</td> <td>4 months</td> </tr> <tr> <td>3 .....</td> <td>6 months</td> </tr> </tbody> </table>	<b>Dose</b>	<b>Recommended Age</b>	1 .....	2 months	2 .....	4 months	3 .....	6 months		
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	<b>Booster Doses</b> 15-18 months										
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<b>Contraindications</b>	<ul style="list-style-type: none"> <li>• History of severe hypersensitivity to any component of the vaccine</li> <li>• History of serious allergic reaction to a previous dose of vaccine for any pertussis containing vaccine including Pentacel</li> <li>• Encephalopathy within 7 days of a previous dose of a pertussis containing vaccine that is not attributable to another identifiable cause</li> <li>• Progressive neurological disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy</li> <li>• For Polio vaccine (IPV) contraindicated if there is a life-threatening allergy to neomycin, Streptomycin or POLYMYXIN B. Because of uncertainty as to which ingredient of the vaccine may be responsible for a severe allergic reaction, none of the ingredients should be administered and they should be referred to an allergist for evaluation if further immunizations are considered.</li> </ul>										



<b>Precautions</b>	<ul style="list-style-type: none"><li>• Carefully consider benefits and risks before administering Pentacel to persons with a history of:<ul style="list-style-type: none"><li>- fever <math>\geq 40.5^{\circ}\text{C}</math> (<math>\geq 105^{\circ}\text{F}</math>), hypotonic-hyporesponsive episode (HHE) or persistent, inconsolable crying lasting <math>\geq 3</math> hours within 48 hours after a previous pertussis-containing vaccine.</li><li>- seizures within 3 days after a previous pertussis-containing vaccine.</li></ul></li><li>• If Guillain-Barré syndrome occurred within 6 weeks of receipt of a prior vaccine containing tetanus toxoid, the risk for Guillain-Barré syndrome may be increased following Pentacel.</li><li>• For infants and children with a history of previous seizures, an antipyretic may be administered (in the dosage recommended in its prescribing information) at the time of vaccination with Pentacel and for the next 24 hours.</li><li>• Apnea following intramuscular vaccination has been observed in some infants born prematurely. The decision about when to administer an intramuscular vaccine, including Pentacel, to an infant born prematurely should be based on consideration of the individual infant's medical status and the potential benefits and possible risks of vaccination.</li></ul>
<b>Special Instructions</b>	<ul style="list-style-type: none"><li>• Either Pentacel or single antigen Hib vaccine may be used at 12 through 15 months of age for children who are at increased risk of Hib disease or who have not completed a primary Hib schedule.</li><li>• If Pentacel is administered at 12-15 months of age, a dose of DTaP at 15-18 months of age is not needed.</li></ul>