



Maine Immunization Program

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If you have any questions, please contact the Maine Immunization Program at:

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(207) 287-3746 or
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www.ImmunizeME.DHHS@maine.gov

Pentacel and Kinrix

Over the past couple of months, there have been an increase in questions regarding Pentacel and Kinrix. Below is important information that will help you take the steps needed to prevent administration errors.

Pentacel (DTaP-IPV/Hib)

- Recommended Age Group: 6 weeks through 4 years.
- Pentacel is not licensed for children older than 5 years of age.
- Recommendation:
 - Four dose series are 2, 4, 6, and 15 months of age.
- Pentacel is not licensed for the 5th dose of DTaP.
- ACIP recommends that, whenever feasible, the same manufacturer's DTaP product should be used for the pertussis series.
 - However, vaccination should not be deferred if the specific DTaP vaccine brand previously administered is unavailable or unknown.

Kinrix (DTap-IPV)

- **Do not give Kinrix to children who are 2, 4, and 6 months old**
- Kinrix is only licensed for children aged 4-6 years (Hint): Kin = Kindergarten!
- Recommendation:
 - Booster for fifth dose of DTaP and fourth dose of IPV.
- Cannot be used earlier than the kindergarten dose.
- BUT, if given in error at 15-18 months, can count as valid as long as minimum interval is met (DTaP #3 to #4 = 6 months, IPV #2 to #3 = 4 weeks).
- Using DTAP-IPV in a child younger than age 4 or for other doses in the DTaP or IPV series is not recommended.
- If a child is given Kinrix before recommended age, the dose will be considered invalid, which will result in child being non-compliant when entering school.

Case Study: James

- ◆ 7 months old, no known medical problems, new to your practice.
- ◆ Immunization history available in IMMPACT includes:
 - Birth dose of hepatitis B vaccine
 - 7 weeks of age
 - Pentacel (DTaP-IPV/Hib)
 - PCV13
 - RotaTeq (RV5)
- ◆ In the office today (February) for well child visit and routine vaccinations.
- ◆ Your office stocks:
 - DTap
 - IPV
 - DTaP-IPV-HepB (Pediarix)
 - DTaP-IPV (Kinrix)
 - Hepatitis B
 - PCV13
 - Rotarix
 - Hib
 - TIV (Flu)

Question # 1:

- ◆ Your office does not have any Pentacel in stock due to the current vaccine shortage. Can James receive Pediarix today?

- A. Yes
- B. No

Question #2:

- ◆ You have DTaP-IPV (Kinrix) in your vaccine inventory. Can you use it for Dtap and IPV dose that James needs?

- A. Yes
- B. No

Answers located on the bottom of 2nd page.



Frequently Asked Questions



KINRIX

Q: Can Kinrix (DTaP-IPV) be used at kindergarten entry if the previous brand of DTaP is unknown?

A: Yes. Though it is preferable to use the same manufacturer's DTaP vaccine for all of the doses in the series, you can give Kinrix as the fifth dose of DTaP and fourth dose of IPV at age 4 through 6 years if the previous brand is unknown or if Kinrix is the only product stocked.

Q: We mistakenly gave Kinrix (DTaP-IPV) to a child age 3 years 10 months. We later realized that he had a prior history of receiving 4 doses of DTaP and IPV. Can the dose of Kinrix count as his 4 through 6 year booster?

A: Use of the vaccine in a child younger than age 4 is off-label and is not recommended. You should take measures to prevent this error in the future. The minimum age for the fifth dose of the DTaP series is 4 years, and the minimum age for the final dose of IPV is also 4 years, so this dose of Kinrix is not valid. For detailed information, see CDC's useful table "Recommended and Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines" at: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf

Q: If an 8-year-old child who needed IPV and Td vaccines was mistakenly given a dose of DTaP-IPV (Kinrix), will that count as a valid dose of polio and Td vaccine?

A: Kinrix is licensed and recommended only for use in children ages 4 through 6 years, so you should take measures to prevent this error in the future. However, you can count the IPV dose as valid as long as it has met the minimum interval (4 weeks between doses except for the final dose in the series, which should be 6 months from the previous dose). With regard to the mistaken administration of the DTaP in a child older than age 6 years, the dose can be counted and does not need to be repeated with Td.

Answers:

Question #1— YES Question #2— NO

PENTACEL

Q: Can we give Pentacel to a child who has previously received separate injections of one or more of these antigens?

A: Yes, as long as minimum intervals are maintained.

Q: Can we give Pentacel if we don't know the type of DTaP vaccine the child previously received?

A: Yes. CDC recommends that whenever feasible, only one manufacturer's DTaP product be used for the entire pertussis series, but that vaccinations should not be deferred if the DTaP product previously given is unavailable or unknown.

Q: We inadvertently gave a child only the DTaP-IPV component of Pentacel (DTaP-IPV/Hib; sanofi pasteur), not realizing that this component was intended to reconstitute the Hib component. Does this count as a valid dose of DTaP and IPV? Can we mix the unused Hib component with sterile water and give it separately?

A: Use of DTaP-IPV solution as the diluent for the Hib component is specifically written both on the Pentacel box AND on the DTaP-IPV vial label. In answer to your first question, the DTaP-IPV component will count as valid doses of DTaP and IPV vaccines, but take measures to prevent this error in the future. In answer to your second question, NO, you cannot mix the Hib component with sterile water. ActHib must ONLY be reconstituted with either the DTaP-IPV solution supplied with Pentacel, or with a specific ActHib diluent. If you have ActHib but neither diluent, you must contact the manufacturer (sanofi pasteur) and obtain ActHib diluent.

FOR MORE INFORMATION, PLEASE VISIT:

Ask The Experts:

http://www.immunize.org/askexperts/experts_combo.asp

Advisory Committee for Immunization Practices:

<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>



CONGRATULATIONS!

Fifty-six (56) practices have achieved an up-to-date (UTD) rate of **at least 90%** for the 2013 first quarter assessment of children 24-35 months of age in their practice following the 4DTaP, 3Polio, 1MMR, 3 HIB, 3 HepB, 1 Var, 4PCV immunization series. That speaks highly of how well office staff have worked together to reach this goal. Congratulations on your continued efforts to increase immunization coverage in the State of Maine!

Provider Name	UTD Rate	Provider Name	UTD Rate
ACADIA FAMILY HEALTH CENTER	100%	RANGELEY FAMILY MEDICINE	100%
ARNOLD MEMORIAL MEDICAL CTR PA	100%	ROBERT M MERRILL MD	100%
BELFAST FAMILY MEDICINE	100%	SCOTT M CHASE DO	100%
BELGRADE REGIONAL HEALTH CENTER	100%	SEARSPORT HEALTH CENTER	100%
BREWSTER HEALTH CENTER	100%	SEBASTICOOK FAMILY DOCTORS – CANAAN	100%
BUCKSPORT FAMILY MEDICINE	100%	SMMC PRIMECARE PHYSICIAN SERVICES ROUTE ONE	100%
CORINTH FAMILY PRACTICE	100%	ST JOHN VALLEY HEALTH CENTER	100%
D.F.D. RUSSELL MEDICAL CENTER	100%	TWIN CITY FAMILY PRACTICE	100%
D.F.D. RUSSELL MEDICAL CENTER – LEEDS	100%	WALDOBORO FAMILY MEDICINE	100%
DONALD WALKER HEALTH CENTER	100%	WATERVILLE FAMILY PRACTICE P.A.	100%
FAMILY PRACTICE & INTERNAL MEDICINE	100%	BRIDGTON PEDIATRICS	96%
FISH RIVER RURAL HEALTH – EAGLE LAKE	100%	LOVEJOY HEALTH CENTER	96%
HAMLIN PRIMARY CARE/BEN FISKE HEALTH	100%	D.F.D. RUSSELL MEDICAL CENTER – TURNER	95%
HAN – MILLINOCKET PRIMARY CARE	100%	SEBASTICOOK FAMILY DOCTORS – DOVER	95%
HARRINGTON FAMILY HEALTH CENTER	100%	MECHANIC FALLS FAMILY PRACTICE CTR	93%
HERMON FAMILY MEDICINE	100%	WESTERN MAINE PEDIATRICS	93%
JEAN ANTONUCCI MD	100%	FAMILY MEDICINE INSTITUTE	92%
JUDY L WELCH MD	100%	MARTINS POINT HEALTH CARE	92%
KATAHDIN VALLEY HEALTH – ISLAND FALLS	100%	B STREET HEALTH CENTER	91%
LMP FAMILY CARE CENTER	100%	CALAIS REGIONAL MEDICAL SERVICES	91%
MARANACOOK FAMILY HEALTH CARE	100%	MAINE DARTMOUTH FAMILY PRACTICE	91%
MICMAC SERVICE UNIT	100%	OAKLAND FAMILY MEDICINE	91%
MILBRIDGE MEDICAL CENTER	100%	AROOSTOOK PEDIATRICS	90%
NEW HORIZONS MADISON	100%	BRUNSWICK PEDIATRICS	90%
ORONO FAMILY MEDICINE	100%	HAN – LINCOLN (OB POD)	90%
PASSAMAQUODDY HEALTH CENTER	100%	HOULTON PEDIATRICS	90%
PINES HEALTH SERVICES – CARIBOU	100%	KENNEBEC PEDIATRICS	90%
PORTLAND WEST FAMILY PRACTICE	100%	REDINGTON PEDIATRICS	90%

Successful immunization of clients involves the participation of everyone in a provider office. Quarterly, MIP will continue to acknowledge practices identified with **90% or greater** UTD rates. Congratulations again for all your hard work!



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