Vaccine Listing

Vaccine	Vaccine Description (FDA Approved Ages)	Product Name	Manufacturer
DT	Diphtheria, Tetanus (<7 yrs)	DT	Sanofi Pasteur
DTaP	Diphtheria, Tetanus, acellular Pertussis (≥ 6 wks – 6 yrs)	Acel-Imune ◊	Wyeth
		INFANRIX	GlaxoSmithKline
		Tripedia	Sanofi Pasteur
		DAPTACEL	Sanofi Pasteur
DTaP/Hib	Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b (≥ 6 wks – 6 yrs)	TriHIBit ∞	Sanofi Pasteur
DTP/Hib	Diphtheria, Tetanus, Pertussis/ Haemophilus influenzae type b (≥ 6 wks – 6 yrs)	Tetramune ◊ (DTP/HbOC)	Wyeth
DTP/Hib	Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b (≥ 6 wks – 6 yrs)	DTP/ActHib ◊	Sanofi Pasteur
DTaP/Hep B/ IPV	Diphtheria, Tetanus, Acellular Pertussis/ Hepatitis B/ Inactivated Poliovirus (≥ 6 wks – 6 yrs)	PEDIARIX	GlaxoSmithKline
Hep A	Hepatitis A (≥ 1 yrs)	HAVRIX	GlaxoSmithKline
	Hepatitis A (≥ 1 yr)	VAQTA	Merck
Hep A/Hep B	Hepatitis A, Hepatitis B (≥ 18 yrs)	TWINRIX	GlaxoSmithKline
Hep B/Hib	Hepatitis B, Haemophilus influenzae type b (≥ 6 wks)	COMVAX +	Merck
Hep B	Hepatitis B (≥ birth)	Recombivax HB	Merck
		ENGERIX-B	GlaxoSmithKline
Hib	Haemophilus influenzae type b (≥ 6 wks)	HibTITER (HbOC) ∗	Wyeth
		ActHIB (PRP-T) ∗	Sanofi Pasteur
		PedvaxHIB (PRP-OMP) +	Merck
IPV	Enhanced, Inactivated Poliovirus (≥ 6 wks)	IPOL	Sanofi Pasteur
LAIV	Live Attenuated Influenza Vaccine (5-49 yrs)	FluMist	MedImmune
MMR	Measles, Mumps, Rubella (≥ 1 yr)	MMRII	Merck
MMRV	Measles, Mumps, Rubella, and Varicella (12 mo-12 yrs)	ProQuad	Merck
MCV4	Meningococcal Polysaccharide Conjugate (11-55 yrs)	Menactra	Sanofi Pasteur
MPSV4	Meningococcal Polysaccharide (≥ 2 yrs)	Menomune	Sanofi Pasteur
OPV	Oral Poliovirus	OPV ◊	Wyeth
PCV	Pneumococcal Conjugate 7 (≥ 6 wks – 10 yrs)	Prevnar	Wyeth
PPV	Pneumococcal Polysaccharide 23 (≥ 2 yrs)	Pneumovax 23	Merck
RVV	Rotavirus (6-32 wks)	RotaTeq	Merck
Td	Tetanus, Diphtheria (≥ 7 yrs)	Td	Sanofi Pasteur
TdaP	Tetanus, Diphtheria, acellular Pertussis (10-18 yrs)	BOOSTRIX	GlaxoSmithKline
	Tetanus, Diphtheria, acellular Pertussis (11-64 yrs)	ADACEL	Sanofi Pasteur
TIV	Trivalent Influenza Vaccine (≥ 18 yrs)	FLUARIX	GlaxoSmithKline
	Trivalent Influenza Vaccine (≥ 4 yrs)	Fluvirin	Chiron
	Trivalent Influenza Vaccine (≥ 6 mo)	FLUZONE	Sanofi Pasteur
VZV	Varicella (≥ 1 yr)	Varivax	Merck

( ) FDA approved ages only. See up-to-date CDC schedule for recommended ages.

◊ No longer used in the U.S. and/or produced by the manufacturer.

∞ TriHIBit (Tripedia and ActHIB) is **not** approved by the FDA for use as the primary series at 2, 4, or 6 months of age and can only be used if the child is ≥ 12 months, **and** has received at least one prior dose of Hib vaccine 2 or more months earlier, **and** TriHIBit will be the last dose in the Hib series.

∗ HibTITER and ActHIB are both a four doses series (2, 4, 6 months, and 12-15 months).

\+ PedvaxHIB or COMVAX are both a three dose series (2, 4 months, and 12-15 months).