INFANRIX®-HEXA

Trade Name	INFANRIX®-*hexa* (Glaxo-Smith-Klyne)
Class	Vaccine
Mechanism of action	INFANRIX®-*hexa* is a combined vaccine containing diphtheria-tetanus-acellular pertussis, hepatitis B, enhanced inactivated polio vaccine and *Haemophilus influenzae* type b vaccine.
Indications	INFANRIX®-*hexa* is indicated for primary immunisation against diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and *Haemophilus influenza* type b in infants from the age of 6 weeks. (It may also be given to infants who received a first dose of hepatitis B vaccine at birth).
Contraindications	Do not administer to infants with a previous history of allergy to INFANRIX®-hexa or any of its components. INFANRIX®-*hexa* contains traces of neomycin and polymyxin and should be used with caution in patients with known hypersensitivity to either of these antibiotics INFANRIX®-*hexa* should under no circumstances be administered intravascularly or intradermally
Precautions	Administer with caution with a history of encephalopathy. INFANRIX®-*hexa* should be administered with caution to infants with thrombocytopenia or a bleeding disorder due to risk of bleeding after an im injection. Human Immunodeficiency Virus (HIV) infection is not considered a contraindication to vaccination with INFANRIX®-*hexa*, however, the expected immunological response may not be obtained after vaccination of immunosuppressed patients. If any of the following events are known to have occurred in temporal relation to receipt of pertussis-containing vaccine, the decision to give further doses of pertussis-containing vaccines should be carefully considered : o Temperature of ≥ 40.0°C within 48 hours, not due to another identifiable cause. o Collapse or shock-like state (hypotonic-hypo responsiveness episode) within 48 hours of vaccination. o Persistent, inconsolable crying lasting ≥ 3 hours, occurring within 48 hours of vaccination. o Convulsions with or without fever, occurring within 3 days of vaccination.

Supplied As	The **DTPa-HBV-IPV** component is presented as a turbid white **suspension** in a syringe. Upon storage, a white deposit and clear supernatant can be observed. The lyophilised **Hib** vaccine is presented as a **white pellet** in a glass vial
Dilution	The DTPa-HBV-IPV suspension should be well shaken in order to obtain a homogeneous turbid white suspension. The DTPa-HBV-IPV suspension and the Hib pellet should be inspected visually for any foreign particulate matter and/or variation of physical aspect. In the event of either being observed, discard the container. The vaccine must be reconstituted by adding the entire contents of the supplied container of the DTPa-HBV-IPV to the vial containing the Hib pellet. After the addition of the DTPa-HBV-IPV vaccine to the pellet, the mixture should be shaken well until the pellet is completely dissolved. The reconstituted vaccine presents as a slightly more cloudy suspension than the liquid component alone. This is normal and does not impair the performance of the vaccine. In the event of other variation being observed, discard the vaccine.
Dosage	0.5mL
Interval	INFANRIX®-*hexa* is included in the NZ National Immunisation Schedule and should usually be given at **6 weeks (day 42), 3 months (13 weeks, day 91) and 5 months (22 weeks, day 151) of age.** The manufacturer recommends that there be at least **ONE month between each primary dose.**
Administration	Intramuscular injection into the anterolateral thigh
Compatible With	Can be given with other routine childhood vaccinations but should be **administered at a separate site.**
Incompatible With	Not to be mixed with other medications
Interactions	Immunosuppressants may reduce protective response to Infanrix-hexa vaccination
Stability	See manufacturers expiry After reconstitution, the vaccine should be injected promptly, however it may be kept for up to 8 hours at room temperature (21°C).
Storage	Store at 2°C to 8°C (Refrigerate, do not freeze). Protect from light. To protect the “cold chain” vaccines are no longer kept as stock in ward fridges and should be ordered from pharmacy as required. They will be delivered in a chilly bin and if not used within 60 minutes need to be taken to the Delivery Suite fridge, taken out of the chilly bin and put into the fridge until required

Monitoring	Close observation for 20 minutes post vaccination Respiratory monitoring for 48hr with an apnea monitor (unless they are already receiving cardiorespiratory monitoring) when administering the primary immunisation series
Adverse Reactions	***Common (incidence greater than 1%)*** *:* loss of appetite, irritability, abnormal crying, restlessness, vomiting, diarrhoea, rash, pain/swelling at injection site, fever ≥ 38^{o}C ***Uncommon (incidence less than 1%)****:* upper respiratory tract infection, limb/joint swelling, lymphadenopathy, meningitis, encephalopathy, seizures, thrombocytopaenia, allergic reactions, breathing difficulties.
Comments	As the benefit of vaccination is high in this group of infants, vaccination should not be withheld or delayed. When recording vaccination details in patient's clinical notes include batch numbers and expiry dates of both the lyophilized powder (Hib Pellet) and the vial containing the solution of DTPa-HBV-IPV.
References	1. www.medsafe.govt.nz 2. MIMS New Ethicals Issue 10 2009. 3. www.moh.govt/immunisation
Updated By	A Lynn, B Robertshawe October 2012 A Lynn, B Robertshawe March 2015 Cold Chain Process A Lynn October 2018 – clarify days for 3 and 5 mths A Lynn, B Robertshawe March 2022– routine review