# Diphtheria-Tetanus-Acellular Pertussis-Polio Adsorbed (DTaP-IPV) QUADRACEL® Supplier: Sanofi Pasteur Limited INFANRIX®-IPV Supplier: GlaxoSmithKline Inc.

### **INDICATIONS:**

- School entry booster given at 4-6 years of age. This is the 5<sup>th</sup> dose in a routinely immunized child.
- Used to complete the primary series and booster for children under 7 years of age in whom
  Hib is not indicated (see <u>Part 4 Biological Products, Haemophilus b Conjugate Vaccine</u>).

Not approved for use in those 7 years of age and older.

# **DOSES AND SCHEDULE:**

4-6 years of age: 1 dose given as 0.5 mL IM. A

<u>Primary series completion:</u> See <u>Part 1 – Immunization Schedules</u> for appropriate schedule.

### **BOOSTER DOSES:**

There are no routine additional doses of these vaccines required outside of the above indications. <sup>B</sup>

#### **SEROLOGICAL TESTING:**

Serological testing is not recommended before or after immunization.

### **CONTRAINDICATIONS:**

- 1. History of anaphylactic reaction to a previous dose of diphtheria or tetanus toxoids or to pertussis or polio vaccines or any component of the product.
- 2. History of Guillain-Barré syndrome (GBS) within 8 weeks of receipt of a tetanus toxoid without any other cause being identified.

### **PRODUCT COMPONENTS:**

QUADRACEL®:

Potential allergens: neomycin, polymyxin B, bovine serum albumin, polysorbate 80.

Other components: aluminum phosphate, 2-phenoxyethanol, formaldehyde, glutaraldehyde.

INFANRIX®-IPV:

Potential allergens: neomycin, polymyxin.

Other components: aluminum hydroxide, Medium 199.

## PRECAUTIONS:

Not applicable.

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A Not necessary if the 4<sup>th</sup> dose of DTaP or Tdap-containing vaccine was given after the 4<sup>th</sup> birthday.

<sup>&</sup>lt;sup>B</sup> Refer to Part 1 – Immunization Schedules for information regarding booster doses using the age appropriate tetanus and diphtheria-containing vaccines.

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## **SPECIAL CONSIDERATIONS:**

- A hypotonic-hyporesponsive episode (HHE) following a prior dose of DTaP-containing vaccine is not a contraindication to future immunization.
- Any dose(s) of oral polio vaccine (OPV) received on or after April 1, 2016 will not be considered as a valid dose within the routine BC immunization schedule. For more information, see Part 4 – Biological Products, Polio Vaccine, Special Considerations.

#### **ADVERSE EVENTS:**

**Local**: redness, swelling, pain.

**Systemic:** fever, decreased appetite, vomiting, diarrhea, decreased activity, irritability, drowsiness, increased crying.