

Infanrix Hexa[®] vaccine

Diphtheria-tetanus-acellular pertussis- hepatitis B-inactivated poliomyelitis- *Haemophilus influenzae* type B vaccine

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms

DTPa-hepB-IPV-Hib vaccine

Dose and Indications

Primary immunisation against diphtheria, tetanus, pertussis, hepatitis B, polio and haemophilus influenza type b

Intramuscular

0.5mL (Infanrix Hexa[®]) at 6 weeks, 4 months and 6 months of age

Provided they are medically stable and there are no contraindications to vaccination, preterm infants should receive vaccines according to the recommended schedule at their chronological age.

The attending clinician should assess medical stability in extremely preterm infants born <28 weeks gestation before vaccination, with reference to Neonatal Unit policy



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Preparation and Administration

Intramuscular

Infanrix Hexa[®] is supplied as 2 components consisting of a 0.5mL monodose pre-filled syringe and a vial containing lyophilised pellets.

- > Inspect the contents of the syringe and pellets for discolouration, discard if discoloured.
- > Shake the suspension in the syringe well until it is evenly mixed. Add the entire contents of the syringe to the vial containing the pellets and shake until pellets have dissolved.
- > Draw up 0.5mL and give immediately by intramuscular injection in the anterolateral thigh. Give slowly to reduce pain. Do not inject intravenously, subcutaneously or intradermally.

When giving multiple vaccines, use a separate syringe for each and give at different sites.

Store in a refrigerator (2°C - 8°C). Do not freeze. Protect from light. Stable for up to 8 hours at room temperature prior to administration. Do not return to the refrigerator.

Record the vaccination in the patient's My Health and Development Record (blue book) and Australian Immunisation Register (AIR).

Adverse Effects

Common

Fever, pain, inflammation, redness, injection site haematoma, irritability, restlessness, decreased appetite, vomiting, diarrhoea, fever, fatigue, upper respiratory tract infection

Infrequent

Cough, drowsiness, extensive swelling of vaccinated limb, hypersensitivity, anxiety, arthralgia, dizziness, headache, lymphadenopathy, malaise, myalgia, nausea, skin reactions, abdominal pain, constipation, conjunctivitis

Rare

Anaphylaxis can rarely occur following vaccination, but it can be fatal

Monitoring

- > Observe for 15 minutes after vaccination for immediate adverse effects
- > Monitoring for apnoea or bradycardia in premature infants for up to 48 hours should be considered for very preterm infants (born ≤ 28 weeks gestation)
- > Observe injection site for erythema, induration (common), palpable nodule (uncommon), or sterile abscess (rare)



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Practice Points

- > Contraindications to vaccination include a history of anaphylaxis following a previous dose of the vaccine or anaphylaxis following any component of the vaccine
- > Notify senior medical staff of any serious, uncommon or unexpected adverse events possibly related to immunisation, if appropriate report to the South Australian Vaccine Safety Surveillance System (SAVSS) and document as per local procedure
- > Administration should be postponed in infants who are medically unstable or suffering from a febrile illness (fever greater than 38.5°C)
- > For infants who have a bleeding disorder or are on anticoagulant therapy an alternative route of administration (e.g. subcutaneous) may be considered. Seek expert advice
- > Immunosuppressive therapies, including irradiation, antimetabolites, alkylating agents, cytotoxic drugs and corticosteroids (used in greater than physiologic doses), may reduce the immune response to vaccines

Document Ownership & History

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17/09/20	V1	Lynne Cowan, Deputy CE, Commissioning and Performance, SA Department for Health and Wellbeing	Original Commissioning and Performance approved guideline

