Using Pentacel\textsuperscript{a} and Quadracel\textsuperscript{b} vaccines may help

SIMPLIFY THE VACCINATION SCHEDULE\textsuperscript{1-3}

Recommended immunization schedule for children 6 years of age or younger\textsuperscript{3}

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE</th>
<th>Birth</th>
<th>1 MONTH</th>
<th>2 MONTHS</th>
<th>4 MONTHS</th>
<th>6 MONTHS</th>
<th>12 MONTHS</th>
<th>15 MONTHS</th>
<th>18 MONTHS</th>
<th>19-23 MONTHS</th>
<th>2-3 YEARS</th>
<th>4-6 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>Hep B</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Dose 4</td>
<td>Dose 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td>RV</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Dose 4</td>
<td>Dose 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate</td>
<td></td>
<td>PCV</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Dose 4</td>
<td>Dose 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (2 doses for some)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td></td>
<td>MMR\textsuperscript{d}</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Dose 4</td>
<td>Dose 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>Varicella</td>
<td>Dose 1</td>
<td>Dose 2</td>
<td>Dose 3</td>
<td>Dose 4</td>
<td>Dose 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal conjugate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\footnotesize{\textsuperscript{a} Pentacel (Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate [Tetanus Toxoid Conjugate] Vaccine).
\textsuperscript{b} Quadracel (Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine).
\textsuperscript{c} Depending on the type of vaccine used, a 3rd dose may be required.
\textsuperscript{d} For certain high-risk groups, a dose at 6-11 months of age is recommended.

Adapted from the Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2017.

Range of recommended ages for all children
Range of recommended ages for certain high-risk groups

Please see full Important Safety Information on the following page.
IMPORTANT SAFETY INFORMATION FOR PENTACEL AND QUADRACEL VACCINES

Contraindications to vaccination with Pentacel or Quadracel vaccine include: severe allergic reaction (eg, anaphylaxis) to any ingredient of the vaccine, or following any other diphtheria toxoid, tetanus toxoid, pertussis-containing vaccine, inactivated poliovirus vaccine, or Haemophilus influenzae type b vaccine (Pentacel vaccine only); encephalopathy within 7 days after a previous dose of a pertussis-containing vaccine with no other identifiable cause; or a progressive neurologic disorder.

Carefully consider benefits and risks before administering Pentacel or Quadracel vaccine to persons with a history of: fever ≥105°F, hypotonic-hyporesponsive episode (HHE), or persistent, inconsolable crying lasting ≥3 hours within 48 hours after a previous pertussis-containing vaccine; seizures within 3 days after a previous pertussis-containing vaccine; Guillain-Barré syndrome occurring within 6 weeks following receipt of a prior vaccine containing tetanus toxoid; or adverse events after a previous dose of Pentacel or Quadracel vaccine or receipt of any other tetanus toxoid, diphtheria toxoid, or pertussis antigen-containing vaccine.

For infants and children with a history of previous seizures, an antipyretic may be administered (in the dosage recommended in its prescribing information) at the time of vaccination with Pentacel vaccine and for the next 24 hours.

Apnea following intramuscular vaccination has been observed in some infants born prematurely.

The most common local and systemic adverse reactions to Pentacel vaccine include erythema, swelling, and tenderness at the injection site; fever, fussiness, and abnormal crying. Other adverse reactions may occur.

The most common local and systemic adverse reactions to Quadracel vaccine include pain, erythema, and edema at the injection site; myalgia, malaise, and headache. Other adverse reactions may occur.

Vaccination with Pentacel or Quadracel vaccine may not protect all individuals.

INDICATION FOR PENTACEL AND QUADRACEL VACCINES

Pentacel vaccine is indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis, and invasive disease due to H influenzae type b. Pentacel vaccine is approved for use as a 4-dose series in children 6 weeks through 4 years of age (prior to fifth birthday).

Quadracel vaccine is indicated for active immunization against diphtheria, tetanus, pertussis, and poliomyelitis. A single dose of Quadracel vaccine is approved for use in children 4 through 6 years of age as a fifth dose in the diphtheria, tetanus, pertussis vaccination (DTaP) series, and as a fourth or fifth dose in the inactivated poliovirus vaccination (IPV) series, in children who have received 4 doses of Pentacel vaccine and/or DAPTACEL® (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed).

Before administering, please see full Prescribing Information for Pentacel or Quadracel vaccine.


CPT® Code for Pentacel vaccine: 90698
CPT Code for Quadracel vaccine: 90696

* CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association.

Pentacel vaccine is manufactured by Sanofi Pasteur Limited and Sanofi Pasteur SA and distributed by Sanofi Pasteur Inc.

Quadracel vaccine is manufactured by Sanofi Pasteur Limited and distributed by Sanofi Pasteur Inc.