

Injectable Vaccine Administration for Children Birth-6 years

Vaccine	Age/Reminders	Route	Site ☐	Needle*	Contraindications ⊕
Diphtheria, Tetanus, Pertussis (DTaP)	6 weeks-6 years	IM	Anterolateral Thigh or Deltoid [±]	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy without other cause within 7 days of a pertussis- containing vaccine
<i>Haemophilus influenzae</i> type B (Hib)	No routine doses after 59 months	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Pneumococcal conjugate (PCV7)	No routine doses after 59 months	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Hepatitis B (Hep B)	1 st dose at birth; last dose at/after 6 months	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	For school entry: 1 st dose at/ after 6 wks of age; all doses spaced at least 4 weeks apart	SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, polymyxin B)
		IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	
Measles, Mumps, Rubella (MMR)	1 st dose at/after 12 mo; 4 week interval between two doses (all ages)	SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Varicella (Var)	1 st dose at/after 12 mo; 3 mo interval between doses (ages 12 mo-12 yrs)	SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Inactivated Influenza (TIV)	6 months and older; brand to use based on age	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Hepatitis A (Hep A)	1 st dose at/after 12 mo 2 nd dose 6 mo later	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix®: 2-phenoxyethanol)

☐ Vaccines should never be administered in the buttocks. ⊕ See package insert for complete contraindication/component listing; may vary by brand * Professional judgment is appropriate when selecting needle length for use in all children, especially small infants or larger children.

± Use of the deltoid muscle in children 18 months and older (if adequate muscle mass is present) is an option for IM injections. December 11, 2007

Injectable Vaccines for Selected Populations**

Vaccine	Recommendations for use and age	Route	Site ☐	Needle Length*	Contraindications⊕
Meningococcal Conjugate » (MCV4)	<ul style="list-style-type: none"> For children 2-10 yrs who are at high risk for meningococcal disease Routinely given to adolescents (1 dose) ages 11 through 18 yrs 	IM	Anterolateral Thigh or Deltoid ±	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Pneumococcal polysaccharide (PPV 23)	<ul style="list-style-type: none"> For children 2 yrs and older at high risk for invasive pneumococcal disease Given after completion of an age-appropriate PCV7 series <ul style="list-style-type: none"> - Minimum interval of 8 weeks between PCV7 and PPV23 	IM	Anterolateral Thigh or Deltoid ±	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
		SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25g	

☐ Vaccines should never be administered in the buttocks.

* Professional judgment is appropriate when selecting needle length for use in all children, especially small infants or larger children.

⊕ See package insert for complete contraindication/component listing; components may vary by brand used

» When meningococcal vaccine is indicated and MCV4 is not available, Meningococcal polysaccharide (MPSV4) may be used for persons 2 years and older (given SC). However, if indication is for routine adolescent vaccination (ages 11-18 years), defer until MCV4 is available.

± Use of the deltoid muscle in children 18 months and older (if adequate muscle mass is present) is an option for IM injections.

** Refer to Recommended Childhood and Adolescent Immunization Schedule (available in Child/Adolescent Immunization Section of the AIM Kit) for information on the selected populations.