

DRUG:	COMBINED DIPHTHERIA-TETANUS-ACELLULAR PERTUSSIS (DTPa), HEPATITIS B, POLIOVIRUS AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (INFANRIX HEXA)
PRESENTATION:	Prefilled syringe, plus a white pellet in a glass vial
ACTION & INDICATION:	The vaccine is indicated for primary immunisation of infants from the age of 6 weeks against diphtheria, tetanus, pertussis, hepatitis b, poliomyelitis, and <i>Haemophilus influenzae</i> type b. It is also indicated for use as a booster dose at 18months of age if boosting with hepatitis B, poliomyelitis, and <i>Haemophilus influenzae</i> type b, as well as diphtheria, tetanus and pertussis is required.
DOSE:	0.5mL 1 st dose 2 months 2 nd dose 3-4 months 3 rd dose 5-6 months Booster 6-12 months after primary course or at 18 months of age (only if required)
PREPARATION:	Inspect the contents of the syringe and the pellet for discolouration. If discoloured, discard. Shake the suspension in the syringe well until it is evenly mixed . Add the entire contents of the syringe to the vial containing the Hib pellet. Shake until pellet is completely dissolved. Draw up 0.5mL dose. Inject immediately after reconstitution.
ADMINISTRATION:	Intramuscular: As per NCCU policy
ADVERSE EFFECTS & COMMENTS:	Redness, swelling. A nodule may be palpable at site for a few weeks. Fever, malaise, irritability. Persistent screaming, vomiting, shock, collapse Infanrix <i>hexa</i> should not be administered to subjects with known hypersensitivity to components of the vaccine. Infanrix <i>hexa</i> is contraindicated if the child has experienced encephalopathy of unknown aetiology, occurring within 7 days following previous vaccination with pertussis containing vaccine. In these circumstances pertussis vaccination should be discontinued and vaccination continued with diphtheria-tetanus,hepatitis B, inactivated polio and Hib vaccines.
REFERENCES:	West Australian Vaccination Schedule April 2010 The Australian Immunisation Handbook 9 th Ed NHMRC
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