

U.S. Vaccines

| Vaccine | Trade Name | Abbreviation | Manufacturer | Type | Route | Comments |
|--|------------|---------------|-----------------|-------------------------------|-------|--|
| Anthrax | BioThrax | AVA | BioPort | Inactivated Bacterial | IM | |
| DTaP | Daptacel | DTaP | sanofi | Inactivated Bacterial | IM | Tetanus & diphtheria toxoids and pertussis vaccine. Not licensed for 5 th dose. |
| | Infanrix | DTaP | GlaxoSmithKline | Inactivated Bacterial | IM | Tetanus & diphtheria toxoids and pertussis vaccine. |
| | Tripedia | DTaP | sanofi | Inactivated Bacterial | IM | Tetanus & diphtheria toxoids and pertussis vaccine. |
| Diphtheria - Tetanus | (Generic) | DT | sanofi | Inactivated Bacterial Toxoids | IM | Pediatric formulation |
| DTaP/Hib | TriHIBit | DTaP/Hib | sanofi | Inactivated Bacterial | IM | ActHIB reconstituted with Tripedia. Licensed for 4 th dose of DTaP & Hib series (not primary series). |
| DTaP-IPV | Kinrix | DTaP-IPV | GlaxoSmithKline | Inactivated Bacterial & Viral | IM | Licensed for 5 th (DTaP) and 4 th (IPV) booster at 4-6 years |
| DTaP-HepB-IPV | Pediarix | DTaP-HepB-IPV | GlaxoSmithKline | Inactivated Bacterial & Viral | IM | Licensed for doses at 2, 4, 6 months (through 6 years of age). Not licensed for boosters. |
| DTaP-IPV/Hib | Pentacel | DTaP-IPV/Hib | sanofi | Inactivated Bacterial & Viral | IM | Licensed for 4 doses at 2, 4, 6, and 15-18 months. |
| <i>Haemophilus influenzae</i> type b (Hib) | PedvaxHIB | Hib | Merck | Inactivated Bacterial | IM | PRP-OMP. Polysaccharide conjugate (mening. protein carrier). 2-dose schedule. |
| | ActHIB | Hib | sanofi | Inactivated Bacterial | IM | PRP-T. Polysaccharide conjugate (tetanus toxoid carrier). 3-dose schedule. |
| <i>Haemophilus influenzae</i> type b - Hepatitis B | Comvax | Hib-HepB | Merck | Inactivated Bacterial & Viral | IM | Should not be used for HepB birth dose. |

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| Hepatitis A | Havrix | HepA | GlaxoSmithKline | Inactivated Viral | IM | Pediatric (≤ 18) and adult formulations. Pediatric = 720 EL.U., 0.5mL Adult = 1,140 EL.U., 1.0mL Minimum age = 1 year. |
| | Vaqta | HepA | Merck | Inactivated Viral | IM | Pediatric (≤ 18) and adult formulations. Pediatric = 25 U, 0.5mL Adult = 50 U, 1.0mL Minimum age = 1 year. |
| Hepatitis B | Engerix-B | HepB | GlaxoSmithKline | Inactivated Viral | IM | Pediatric (≤ 19) and adult formulations. Pediatric formulation is not licensed for adults. |
| | Recombivax HB | HepB | Merck | Inactivated Viral | IM | Pediatric (≤ 19), adult, and dialysis formulations. Two pediatric doses may be substituted for an adult dose. |
| Hepatitis A - Hepatitis B | Twinrix | HepA-HepB | GlaxoSmithKline | Inactivated Viral | IM | Pediatric dose of HepA + adult dose of HepB. Minimum age = 18 years. 3-dose series. |
| Herpes Zoster (Shingles) | Zostavax | ZOS | Merck | Live Viral | SC | Licensed for age 60 and older. |
| Human Papillomavirus (HPV) | Gardasil | HPV4 | Merck | Inactivated Viral | IM | Quadrivalent, Types 6, 11, 16 & 18. Licensed for females 9-26 years. |
| | Cervarix | HPV2 | GlaxoSmithKline | Inactivated viral | IM | Bivalent, Types 16 & 18. NOT YET LICENSED IN U.S. |

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| Influenza | Fluarix | TIV | GlaxoSmithKline | Inactivated Viral | IM | Trivalent Types A & B. Minimum age = 18 years. |
| | Fluvirin | TIV | Chiron | Inactivated Viral | IM | Trivalent Types A & B Purified surface antigen. Minimum age = 4 years. |
| | Fluzone | TIV | sanofi | Inactivated Viral | IM | Trivalent Types A & B Subvirion. Minimum age multidose vial = 6 months. Age range 0.25ml prefilled syringe = 6-35 months. Minimum age 0.5ml prefilled syringe = 3 years. |
| | FluLaval | TIV | GlaxoSmithKline | Inactivated Viral | IM | Trivalent Types A & B Minimum age = 18 years. |
| | Afluria | TIV | CSL | Inactivated Viral | IM | Trivalent Types A & B Minimum age = 18 years. |
| | FluMist | LAIV | Medimmune | Live attenuated viral | Intra-nasal | Trivalent Types A & B. Age range 5-49 years. |
| Japanese Encephalitis | JE-Vax | JE | sanofi | Inactivated viral | SC | |
| | Ixiaro | JE | Novartis | Inactivated viral | IM | Licensed for age 17 and older. |
| MMR | M-M-R II | MMR | Merck | Live attenuated viral | SC | Measles, mumps, rubella. |
| MMRV | ProQuad | MMRV | Merck | Live attenuated viral | SC | Measles, mumps, rubella, varicella. |
| Meningococcal | Menomune | MPSV4 | sanofi | Inactivated bacterial | SC | Polysaccharide, containing serogroups A, C, Y, & W-135. |
| | Menactra | MCV4 | sanofi | Inactivated bacterial | IM | Polysaccharide conjugate (diphtheria toxoid carrier), containing serogroups A, C, Y, & W-135. Age range 2-49. |

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| Pneumococcal | Pneumovax 23 | PPSV23 | Merck | Inactivated bacterial | SC or IM | Polysaccharide. Contains 23 strains. Minimum age = 2 yrs. |
| | Prevnar | PCV7 | Wyeth | Inactivated bacterial, conjugate | IM | Polysaccharide conjugate (diphtheria protein carrier). Contains 7 strains. Routine age range = 2-59 months. |
| | PCV13 | PCV13 | Wyeth | Inactivated bacterial, conjugate | IM | Polysaccharide conjugate (diphtheria protein carrier). Contains 13 strains. NOT YET LICENSED IN U.S. |
| Polio | Ipol | IPV | sanofi | Inactivated viral | SC or IM | Trivalent, Types 1, 2, & 3. |
| Rabies | Imovax Rabies | | sanofi | Inactivated viral | IM | |
| | RabAvert | | Chiron | Inactivated viral | IM | |
| Rotavirus | RotaTeq | RV5 | Merck | Live viral | Oral | Pentavalent. First dose between 6 weeks and 14 weeks 6 days; complete 3-dose series by 8 months 0 days. |
| | Rotarix | RV1 | GlaxoSmithKline | Live viral | Oral | Monovalent. First dose between 6 weeks and 14 weeks 6 days; complete 2-dose series by 8 months 0 days. |
| Tetanus - (reduced) diphtheria | Decavac | Td | sanofi | Inactivated bacterial toxoids | IM | Tetanus/diphtheria toxoids. Adult formulation |
| | (Generic) | Td | Massachusetts Biological Labs | Inactivated bacterial toxoids | IM | Tetanus/diphtheria toxoids. Adult formulation |
| Tdap | Boostrix | Tdap | GlaxoSmithKline | Inactivated bacterial | IM | Tetanus & diphtheria toxoids & pertussis vaccine. Licensed for ages 10-64. |
| | Adacel | Tdap | sanofi | Inactivated bacterial | IM | Tetanus & diphtheria toxoids & pertussis vaccine. Licensed for ages 11-64. |

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| Tetanus Toxoid | (Generic) | TT | sanofi | Inactivated bacterial toxoid | IM | Tetanus toxoid. May be used for adults or children. |
| Typhoid | Typhim Vi | | sanofi | Inactivated bacterial | IM | Polysaccharide. |
| | Vivotif Berna | | Berna | Live bacterial | Oral | Ty21a strain. |
| Varicella | Varivax | VAR | Merck | Live viral | SC | |
| Vaccinia (Smallpox) | ACAM2000 | | Acambis | Live Viral | Percutaneous | |
| Yellow Fever | YF-Vax | YF | sanofi | Live viral | SC | |
| Zoster | (See Herpes Zoster) | | | | | |

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