**Diphtheria Tetanus Acellular Pertussis-Inactivated Poliovirus   
(DTaP-IPV) Combination Vaccine (KINRIX**®**)**

**Precautions and Contraindications**

Screen all patients for precautions and contraindications to immunization.

**Indications and Usage:**

**KINRIX**® is indicated for active immunization against diphtheria, tetanus, pertussis, and poliomyelitis. **KINRIX**®(DTaP-IPV) is approved for the fifth dose in the DTaP vaccine series and the fourth dose in the IPV series in children 4 through 6 years of age whose previous vaccine doses have been with INFANRIX**®** (DTaP) and/or PEDIARIX**®** (DTaP‑HepB-IPV) for the first three doses and INFANRIX**®** for the fourth dose.

**Recommended Schedule**

Give a single dose in children 4 through 6 years of age who meet eligibility requirements.

The minimum interval from dose 4 to dose 5 should be at least 6 months to provide an optimum booster response.

**Dosage**

**KINRIX**® is to be administered as a single 0.5 mL dose by intramuscular (IM) injection. **KINRIX**®is available in 0.5 mL single dose vials and in prefilled TIP-LOK syringes.

**Preparation for Administration**

**Shake vigorously to obtain a homogeneous, turbid, white suspension. DO NOT USE if resuspension does not occur with vigorous shaking.**

**Anatomical Site**

The preferred site of administration is the deltoid muscle of the upper arm.

**Do not administer KINRIX® intravenously, intradermally or subcutaneously.**

**Precautions**

If Guillain-Barré syndrome occurs within 6 weeks of receipt of a prior vaccine containing tetanus toxoid, the decision to give any tetanus toxoid-containing vaccine, including **KINRIX®**, should be based on careful consideration of the potential benefits and possible risks. When a decision is made to withhold tetanus toxoid, other available vaccines should be given as indicated.

The tip cap and the rubber plunger of the needleless prefilled syringes contain dry natural latex rubber that may cause allergic reactions in latex sensitive individuals. The vial stopper is   
latex-free.

**Contraindications**

Individuals with:

* Anaphylactic reaction to previous dose of any diphtheria toxoid, tetanus toxoid, pertussis or poliovirus-containing vaccine, or to any component of **KINRIX®**, including neomycin and polymyxin B (see package insert). Because of the uncertainty as to which component of the vaccine might be responsible, no further vaccination with any of these components should be given. Alternatively, such individuals may be referred to an allergist for evaluation if immunization with any of these components is considered.
* Encephalopathy within 7 days of administration of a previous dose of a pertussis containing vaccine.
* Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, or progressive encephalopathy is a contraindication of any pertussis-containing vaccine.

**Adverse Events**

* See the product’s package insert
* See Adverse Events Following Vaccinations page of this section

**Storage and Handling**

* Store in refrigerator at 36oF – 46oF (2oC – 8oC)
* DO NOT FREEZE; discard if product has been frozen.

**Additional Information:**

* "**Indications and Guidance for Use:** DTaP-IPV (**KINRIX®**) is indicated for use as the fifth dose of DTaP and fourth dose of IPV in children aged 4 through 6 years who received DTaP (INFANRIX) and/or DTaP-Hepatitis B-IPV (PEDIARIX) as the first 3 doses and DTaP (INFANRIX) as the fourth dose ([*1*](http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/2015-06-15-mening.pdf)*,2*). This vaccine should not be administered to children aged less than 4 years or aged 7 years and older; however, if DTaP-IPV (**KINRIX®**) is inadvertently administered for an earlier dose of the DTaP and/or IPV series, the dose should be counted as valid and does not need to be repeated provided minimum interval requirements have been met ([*5*](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm)). **Data are limited on the safety and immunogenicity of interchanging DTaP vaccines from different manufacturers (*6*). ACIP recommends that, whenever feasible, the same manufacturer's DTaP vaccines should be used for each dose in the series; however, vaccination should not be deferred because the type of DTaP previously administered is unavailable or unknown.” (MMWR**October 3, 2008 / 57(39);1078-1079)
* Vaccine Information Statements -- There is no specific Vaccine Information Statement (VIS) for **KINRIX®**. When administering a combination vaccine, the VIS for the individual component vaccines must be supplied.
* CPT 90696
* ACIP has clarified the poliovirus vaccination schedule to be used for specific combination vaccines. When DTaP-IPV/Hib (Pentacel) is used to provide 4 doses at ages 2, 4, 6, and 15 through 18 months, an additional booster dose of age-appropriate IPV-containing vaccine (IPV [IPOL] or DTaP-IPV (**KINRIX®**]) should be administered at age 4 through 6 years. This will result in a 5-dose IPV vaccine series, which is considered acceptable by ACIP. DTaP-IPV/Hib (Pentacel) is not indicated for the booster dose at age 4 through 6 years. ACIP recommends that the minimum interval from dose 4 to dose 5 should be at least 6 months to provide an optimum booster response. In accordance with existing recommendations, if a child misses an IPV dose at age 4 through 6 years, the child should receive a booster dose as soon as feasible (MMWR August 7, 2009/ 58(30); 830).

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