

Drugs at a Glance: Vaccines and Toxoids for Active Immunity (continued)

| Generic/Trade Name | Characteristics | Clinical Indications | Routes and Dosage Ranges | |
|---|--|---|---|--|
| | | | Adults | Children |
| Toxoids | | | | |
| Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP) (Tripedia, Certiva, Infanrix) | The pertussis component is acellular bacterial particles, which decrease the adverse effects associated with the whole-cell vaccine used formerly | Active immunization of children aged 6 wk to 7 y | | IM 0.5 mL at approximately 2, 4, 6, and 18 mo of age |
| Diphtheria and tetanus toxoids and acellular pertussis and Hemophilus influenzae type B conjugate vaccines (DTaP-HIB) (TriHIBit) | A combination product, to decrease the number of injections and increase compliance | Active immunization of children 15–18 mo of age who have been previously immunized against diphtheria, tetanus, and pertussis | | IM 0.5 mL within 30 min or less after reconstitution |
| Diphtheria and tetanus toxoids adsorbed (pediatric type) | Also called DT Contains a larger amount of diphtheria antigen than tetanus and diphtheria toxoids, adult type (Td) | Routine immunization of infants and children 6 y and younger in whom pertussis vaccine is contraindicated (ie, those who have adverse reactions to initial doses of DTP) | | <i>Infants and children 6 y and younger:</i> IM 0.5 mL for 2 doses at least 4 wk apart, followed by a reinforcing dose 1 y later and at the time the child starts school |
| Tetanus toxoid, adsorbed | Preparation of detoxified products of <i>Clostridium tetani</i> Protects about 100% of recipients for 10 y or more Usually given in combination (eg, DTaP or DT) for primary immunization of infants and children 6 y of age or older Usually given alone or combined with diphtheria toxoid (Td adult type) for primary immunization of adults | Routine immunization of infants and young children Primary immunization of adults Prevention of tetanus in previously immunized people who sustain a potentially contaminated wound | Primary immunization in adults not previously immunized, IM 0.5 mL for 3 doses, initially, 4–8 wk later, then at 6–12 mo. Then, 0.5 mL booster dose every 10 y. Prophylaxis, IM 0.5 mL if wound severely contaminated and no booster dose received for 5 y; 0.5 mL if wound is clean and no booster dose received for 10 y | Primary immunization and prophylaxis, same as adults |
| Tetanus and diphtheria toxoids, adsorbed (adult type) | Also called Td Contains a smaller amount of diphtheria antigen than diphtheria and tetanus toxoids, pediatric type | Primary immunization or booster doses in adults and children >6 y of age | IM 0.5 mL for 2 doses, at least 4 wk apart, followed by a reinforcing dose 6–12 mo later and every 10 y thereafter | >6 y: same as adults |

PRINCIPLES OF THERAPY

Keeping Up-to-Date with Immunization Recommendations

Recommendations regarding immunizations change periodically as additional information and new immunizing agents become available. Consequently, health care providers should update their knowledge at least annually. The best source of information regarding current recommendations is the Centers for Disease Control and Prevention (CDC), whose head-

quarters are in Atlanta, Georgia (Internet address: <http://www.cdc.gov>).

The main source of CDC recommendations is the Advisory Committee on Immunization Practices (ACIP, accessible at www.cdc.gov/nip/acip), which consists of 15 experts appointed by the Secretary of the U.S. Department of Health and Human Services to advise the Secretary, the Assistant Secretary for Health, and the CDC on strategies to prevent vaccine-preventable diseases. Other sources of information include the American Academy of Pediatrics (accessible at www.aap.org) and the American Academy of Family Physicians (accessible