

ROTAVIRUS VACCINE (*RotaTeq, Rotarix*) RotaTeq: First dose (2 mL PO) between 6 and 12 weeks of age, and then 2nd and 3rd doses at 4- to 10-week intervals thereafter (last dose no later than 32 weeks). Rotarix: 1st dose (1 mL) at 6 weeks of age, 2nd dose (1 mL) at least 4 weeks later, and last dose prior to 24 weeks of age. [Trade only: Oral susp 2 mL (RotaTeq), 1 mL (Rotarix).] ▶Immune system ♀- ♂? \$\$\$\$\$

TETANUS TOXOID 0.5 mL IM or SC. ▶Immune system ♀C ♂+ \$\$\$

Twinrix (hepatitis A vaccine + hepatitis B vaccine) Adults: 1 mL IM in deltoid, repeat 1 and 6 months later. All 3 doses required for hepatitis A immunity. Accelerated dosing schedule: 0, 7, 21, and 30 days and booster dose at 12 months. ▶Immune system ♀C ♂? \$\$\$\$

TYPHOID VACCINE—INACTIVATED INJECTION (*Typhim Vi*) 0.5 mL IM single dose. May revaccinate q 2 to 5 years if high risk. ▶Immune system ♀C ♂? \$\$

TYPHOID VACCINE—LIVE ORAL (*Vivotif Berna*) 1 cap every other day for 4 doses. May revaccinate every 2 to 5 years if high risk. [Trade only: Caps.] ▶Immune system ♀C ♂? \$\$

VARICELLA VACCINE (*Varivax, *Varilrix*) Children 1 to 12 yo: 0.5 mL SC. Repeat dose at ages 4 to 6 yo. Age 13 yo or older: 0.5 mL SC, repeat 4 to 8 weeks later. ▶Immune system ♀C ♂+ \$\$\$\$

YELLOW FEVER VACCINE (*YF-Vax*) 0.5 mL SC. ▶Immune system ♀C ♂+ \$\$\$

ZOSTER VACCINE (*Shingrix, Zostavax*) Shingrix is the preferred vaccine by the CDC. Zostavax: 0.65 mL SC single dose for age 50 yo or older. However, ACIP recommends immunizing those 60 yo and older. Shingrix: 2 doses (0.5 mL each) at 0 and 2 to 6 months for age 50 yo or older. Consider revaccination with Shingrix in patients who previously received Zostavax. Zostavax is a live vaccine; Shingrix is not. ▶Immune system ♀C ♂? \$\$\$\$

Immunoglobulins

BOTULISM IMMUNE GLOBULIN (*BabyBIG*) **Infant botulism:** Give 1 mL/kg (50 mg/kg) IV for age younger than 1 yo. ▶L ♂ ♀? ♂? \$\$\$\$\$

HEPATITIS B IMMUNE GLOBULIN (*H-BIG, HyperHep B, HepaGam B, NABI-HB*) 0.06 mL/kg IM within 24 h of **needlestick, ocular, or mucosal exposure to hepatitis B**, repeat in 1 month. ▶L ♀C ♂? \$\$\$

IMMUNE GLOBULIN—INTRAMUSCULAR (*Baygam, *Gamastan*) **Hepatitis A prophylaxis:** 0.02 to 0.06 mL/kg IM depending on length of travel to endemic area. **Measles** (within 6 days postexposure): 0.2 to 0.25 mL/kg IM. ▶L ♀C ♂? \$\$\$\$ ■

IMMUNE GLOBULIN—INTRAVENOUS (*Carimune, Flebogamma, Gammagard, Gammaplex, Gamunex, Octagam, Privigen*) IV dosage varies by indication and product. ▶L ♂ ♀C ♂? \$\$\$\$\$ ■

IMMUNE GLOBULIN—SUBCUTANEOUS (*Vivaglobulin, Hizentra*) 100 to 200 mg/kg SC. Frequency varies with indication. ▶L ♀C ♂? \$\$\$\$\$ ■

LYMPHOCYTE IMMUNE GLOBULIN (*Atgam*) Specialized dosing. ▶L ♀C ♂? \$\$\$\$\$

RABIES IMMUNE GLOBULIN HUMAN (*Imogam Rabies-HT, HyperRAB S/D*) 20 units/kg, as much as possible infiltrated around bite, the rest IM. ▶L ♀C ♂? \$\$\$\$\$

Immunosuppression

BASILIXIMAB (*Simulect*) Specialized dosing for **organ transplantation**. ▶plasma ♀B ♂? \$\$\$\$\$