DTaP, Tdap, and Td Vaccine: Prevent Mistakes, Know Your Vaccine

All Diphtheria-, Tetanus-, and Pertussis-containing vaccines are administered IM, including the combination vaccines.

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Brand Names</th>
<th>Use for Ages</th>
<th>Use for Doses</th>
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</thead>
<tbody>
<tr>
<td>DTaP (Diphtheria, Tetanus, and Pertussis)</td>
<td>DTaP (Daptacel®, Infanrix®)</td>
<td>DTaP: 6 weeks through 6 years</td>
<td>DTaP (5 dose series) at: 2, 4, 6, 15 to 18 months, and 4 to 6 years</td>
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<td>DTaP in combination vaccines</td>
<td>Pentacel (DTaP-IPV/Hib): 6 weeks through 4 years</td>
<td><strong>Pentacel</strong>: 1, 2, 3, or 4 of DTaP, IPV, and Hib</td>
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<td>Pentacel®, Pediari,®</td>
<td>PediariX (DTaP-IPV-HepB): 6 weeks through 6 years</td>
<td><strong>PediariX</strong>: 1, 2, or 3 of DTaP and IPV; any HepB dose</td>
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<td>Kinrix and Quadracel®</td>
<td>Kinrix and Quadracel (DTaP-IPV): 4 through 6 years</td>
<td><strong>Kinrix</strong>: 5th dose of DTaP, 4th valid dose of IPV</td>
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<td></td>
<td><strong>Do NOT give ANY DTaP doses at/after 7 years</strong></td>
<td><strong>Quadracel</strong>: 5th dose of DTaP, 4th or 5th valid dose of IPV</td>
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<tr>
<td>Tdap (Tetanus, diphtheria, and pertussis)</td>
<td>Tdap (Boostrix®, Adacel®)</td>
<td>Routinely given at 11 to 12 years of age</td>
<td>1 lifetime dose</td>
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<td></td>
<td>Catch up ages 13 years and older</td>
<td>1 dose during every pregnancy</td>
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<td>1 dose during each pregnancy, preferred during each pregnancy, weeks 27 through 36 weeks</td>
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<tr>
<td>Td (Tetanus, diphtheria)</td>
<td>Td (Tenivac®, generic)</td>
<td>7 years of age and older</td>
<td>Boost every 10 years after completion of pertussis-containing series</td>
</tr>
</tbody>
</table>

**DTaP:**
- Children ages 2 months through 6 years should receive DTaP, not routinely recommended for use in those 7 years of age and older
- DTaP booster dose (age 15–18 months) may be given as early as 12 months of age as long as there is at least 6 months from the previous dose
- Infants should be no younger than 12 months of age when receiving dose 4
- Dose 5 should not be given younger than 4 years of age; dose 5 is not necessary if dose 4 was given on or after 4 years of age
- When used in combination with Pentacel (DTaP-IPV/Hib), Kinrix may be used for the 5th (4th valid) dose of the IPV series
- Recommended not to give more than 6 doses of diphtheria- and tetanus-containing vaccines before the 7th birthday due to concerns about increased local reactions; only documented doses count toward the maximum of 6 doses

**Tdap:**
- Children with an incomplete DTaP/Td series or who have an unknown history of DTaP/Td vaccination
  - Give 1 Tdap dose; if needed, complete primary series with Td (possibly 1-2 doses); ensure to meet minimum intervals
- Children aged 7–10 years who receive Tdap as part of the catch-up series or inadvertently should receive the routine Tdap dose at age 11–12 years
- Women who did not receive Tdap before or during pregnancy should receive it immediately postpartum
- Persons who do not have a primary vaccination series for tetanus, diphtheria, and pertussis: give 1 dose of Tdap, followed by a Td dose 4 weeks later, then another Td dose 6-12 months after previous Td; then give a Td booster every 10 years
- Tdap can be given with no minimum interval since the previous tetanus-containing product (e.g., DTaP, Td)
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Td:
- Use Td for anyone who has previously received a Tdap vaccine or for persons with a valid contraindication to previous dose of pertussis vaccine

Further points:
- DTaP and DT have approximately 3-5 times as much of the diphtheria component than what is in Tdap and Td; this is indicated by an upper-case "D"; the amount of tetanus toxoid in each of the products is equivalent, so it remains an upper-case "T"
- Pediatric product, DT, should only be used in children with a valid contraindication to the pertussis component
- For Pentacel vaccine be sure to reconstitute the Hib vial with DTaP-IPV vial before administration; ONLY use diluent supplied by manufacturer
- For children and adults who fall behind in completion of their vaccine series, there is no need to restart the series; resume where they’ve left off
- Adults and adolescents who have received Tdap should be given Td as their subsequent 10-year booster doses; Tdap may be used if Td is not available
- Patients with a history of pertussis should still receive DTaP or Tdap according to routine recommendations
- DTP is no longer available in the U.S. but may be counted towards series completion on historical immunization records
- TT does not count towards a diphtheria-, tetanus-, and pertussis-containing vaccine series
- To reduce medical errors, store similar vaccines apart from each other and label with name, age, and private or VFC stock (DTaP, Tdap, Td)
- DTaP and Tdap inadvertently given is a medical error:
  - DTaP inadvertently given to an undervaccinated child aged 7-10 years, count as Tdap dose in the catch-up series; child should receive adolescent Tdap dose at 11-12 years of age
  - DTaP inadvertently given to a fully vaccinated child aged 7-10 years, count dose as the routine adolescent Tdap dose
  - DTaP inadvertently given at 11 years and older should count as the Tdap dose
  - Tdap inadvertently given to a fully vaccinated child aged 7-10 years is invalid, should give routine Tdap dose at 11-12 years
  - Tdap given to a child younger than age 7 years as dose 1, 2, or 3 of the DTaP series is invalid; repeat DTaP as soon as possible
  - Tdap given to a child younger than age 7 years as dose 4 or 5 of the DTaP series can be counted as valid; give Tdap routinely at age 11-12
- Since DTaP and pneumococcal conjugate (PCV) are the vaccines most likely to cause a local reaction, it is prudent to give in separate limbs if possible
- Since Tdap and MenACWY (Menactra®) are the vaccines most likely to cause a local reaction, it is prudent to give in separate limbs if possible
- For guidance on vaccinating post-hematopoietic cell transplant (HCT) with Tdap, Td, and DTaP, review the section Altered Immunocompetence in the General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- For further guidance, refer to the MDHHS Quick Look references for diphtheria-, tetanus-, and pertussis-containing vaccines at: www.michigan.gov/vaccinequicklooks
- For additional information about catch-up guidance refer to: