



Vaccine Fact Sheet

Hib

Protects Against	<i>Haemophilus influenzae</i> type b (Hib)	<i>Haemophilus influenzae</i> type b (Hib)	<i>Haemophilus influenzae</i> type b (Hib)
Brand Name and Manufacturer	ActHIB [®] Sanofi Pasteur	PedvaxHIB [®] Merck	Hiberix [®] GlaxoSmithKline (GSK)
Routine Schedule	Three (3) dose primary series: 2, 4, and 6 months One (1) booster dose: 12-15 months	Two (2) dose primary series: 2 and 4 months One (1) booster dose: 12-15 months	Three (3) dose primary series: 2, 4, and 6 months One (1) booster dose: 12-15 months
Minimum Intervals	4 week minimum interval between dose 1 and 2 4 week minimum interval between dose 2 and 3 8 week minimum interval between dose 3 and 4 (the final booster dose should not be given before 12 months of age)	4 week minimum interval between dose 1 and 2 8 week minimum interval between dose 2 and 3 (the final booster dose should not be given before 12 months of age)	4 week minimum interval between dose 1 and 2 4 week minimum interval between dose 2 and 3 8 week minimum interval between dose 3 and 4 (the final booster dose should not be given before 12 months of age)
Approved for use in	Children aged 6 weeks through 59 months	Children aged 2 through 71 months	Children aged 6 weeks through 59 months
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as 5 single-dose vials of lyophilized Hib vaccine and 5 single dose 0.6mL vials of diluent	Vaccine is packaged as 10 single-dose 0.5mL vials	Vaccine is packaged as 5 single-dose vials of lyophilized Hib vaccine and 5 single dose 0.6mL vials of diluent
Storage	Refrigerate between 36°F and 46°F (2°C to 8°C) DO NOT FREEZE	Refrigerate between 36°F and 46°F (2°C to 8°C) DO NOT FREEZE	Refrigerate between 36°F and 46°F (2°C to 8°C) DO NOT FREEZE
Full ACIP Recommendations	https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6301a1.htm	https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6301a1.htm	https://www.cdc.gov/mmwr/volumes/65/wr/mm6516a3.htm
VFC Letter	Not available on EZIZ	Not available on EZIZ	http://eziz.org/assets/docs/VFC_Letters/VFCletter-Hiberix-Jan2017-012417.pdf
Billing Codes	CHDP code: 38 CPT code for vaccine: 90648 CPT code for administration*: 90460 Medi-Cal Fee-For-Service (FFS) administration: 90648 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23 * http://www.aafp.org/practice-management/payment/coding/admin.html	CHDP code: 38 CPT code for vaccine: 90647 CPT code for administration*: 90460 Medi-Cal Fee-For-Service (FFS) administration: 90647 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23 * http://www.aafp.org/practice-management/payment/coding/admin.html	CHDP code: 38 CPT code for vaccine: 90648 CPT code for administration*: 90460 Medi-Cal Fee-For-Service (FFS) administration: 90648 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23 * http://www.aafp.org/practice-management/payment/coding/admin.html
Comments	<ul style="list-style-type: none"> Licensed in 1993 Do not administer to infants younger than 6 weeks of age. Give one dose to unvaccinated children ages 15 through 59 months. Hib vaccine is not routinely given to children 5 years of age or older. If reconstituted and not used, discard after 24 hours. 	<ul style="list-style-type: none"> Licensed in 1989 Do not administer to infants younger than 6 weeks of age. Hib vaccine is not routinely given to children 5 years of age or older. 	<ul style="list-style-type: none"> Licensed in 1996 Do not administer to infants younger than 6 weeks of age. Hib vaccine is not routinely given to children 5 years of age and older. If reconstituted and not used, discard after 24 hours.

