



# Vaccine Fact Sheet

DTaP

<b>Protects Against</b>	Diphtheria, tetanus, and pertussis	Diphtheria, tetanus, and pertussis
<b>Brand Name and Manufacturer</b>	Infanrix® GlaxoSmithKline (GSK)	Daptacel® Sanofi Pasteur
<b>Routine Schedule</b>	Three (3) dose series: 2, 4, and 6 months Two (2) booster doses: 15-18 months and 4-6 years	Three (3) dose series: 2, 4, and 6 months Two (2) booster doses: 15-18 months and 4-6 years
<b>Minimum Intervals</b>	4 week minimum interval between dose 1 and 2 4 week minimum interval between dose 2 and 3 6 months minimum interval between dose 3 and 4 6 months minimum interval between dose 4 and 5	4 week minimum interval between dose 1 and 2 4 week minimum interval between dose 2 and 3 6 months minimum interval between dose 3 and 4 6 months minimum interval between dose 4 and 5
<b>Approved for use in</b>	Children aged 6 weeks through 6 years	Children aged 6 weeks through 6 years
<b>Administration</b>	Intramuscular (IM) injection	Intramuscular (IM) injection
<b>Packaging</b>	Vaccine is packaged as 10 single-dose 0.5mL vials or 10 single-dose 0.5mL pre-filled disposable syringes without needles.	Vaccine is packaged as 10 single-dose 0.5mL vials
<b>Storage</b>	Refrigerate between 36°F and 46°F (2°C to 8°C) <b>DO NOT FREEZE</b>	Refrigerate between 36°F and 46°F (2°C to 8°C) <b>DO NOT FREEZE</b>
<b>Full ACIP Recommendations</b>	<a href="https://www.cdc.gov/vaccines/hcp/acip-recs/index.html">https://www.cdc.gov/vaccines/hcp/acip-recs/index.html</a>	<a href="https://www.cdc.gov/vaccines/hcp/acip-recs/index.html">https://www.cdc.gov/vaccines/hcp/acip-recs/index.html</a>
<b>VFC Letter</b>	Not available on EZIZ	Not available on EZIZ
<b>Billing Codes</b>	CHDP code: 45 CPT code for vaccine: 90700 CPT code for administration*: 90460, 90461 Medi-Cal Fee-For-Service (FFS) administration: 90644 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23 <a href="http://www.aafp.org/practice-management/payment/coding/admin.html">*http://www.aafp.org/practice-management/payment/coding/admin.html</a>	CCHDP code: 45 CPT code for vaccine: 90700 CPT code for administration*: 90460, 90461 Medi-Cal Fee-For-Service (FFS) administration: 90644 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23 <a href="http://www.aafp.org/practice-management/payment/coding/admin.html">*http://www.aafp.org/practice-management/payment/coding/admin.html</a>
<b>Comments</b>	<ul style="list-style-type: none"> <li>Licensed in 1997</li> <li>The fourth dose of the primary series may be given as early as 12 months of age provided at least 6 months have elapsed since the third dose</li> <li>If the fourth dose is given after the fourth birthday, the fifth dose is not necessary</li> <li>Do not give DTaP to children age 7 years or older; use Tdap</li> <li>If possible, use the same DTaP product for all doses</li> </ul>	<ul style="list-style-type: none"> <li>Licensed in 2002</li> <li>The fourth dose of the primary series may be given as early as 12 months of age provided at least 6 months have elapsed since the third dose</li> <li>If the fourth dose is given after the fourth birthday, the fifth dose is not necessary</li> <li>Do not give DTaP to children age 7 years or older; use Tdap</li> <li>If possible, use the same DTaP product for all doses</li> </ul>

