

Vaccine Fact Sheet: Hib

| Topic | ActHIB® | PedvaxHIB® | Hiberix® |
|---------------------------|--|---|--|
| Manufacturer | Sanofi Pasteur Prescribing Info (FDA) | Merck Prescribing Info (FDA) | GlaxoSmithKline Prescribing Info (FDA) |
| Protects Against | Haemophilus influenzae type b (Hib) | Haemophilus influenzae type b (Hib) | Haemophilus influenzae type b (Hib) |
| Approved Ages | Children aged 2 months–5 years | Children aged 2–71 months | Children aged 6 weeks–4 years |
| Funding Source | VFC | VFC | VFC |
| Routine Schedule | 3-dose primary series: 2, 4 & 6 months 1 booster dose: 12–15 months | 2-dose primary series: 2 & 4 months 1 booster dose: 12–15 months | 3-dose primary series: 2, 4 & 6 months 1 booster dose: 12–15 months |
| Minimum Intervals* | <ul style="list-style-type: none"> • 4 weeks between doses 1 & 2 • 4 weeks between doses 2 & 3 • 8 weeks between doses 3 & 4 (final booster dose should not be given before 12 months of age) | <ul style="list-style-type: none"> • 4 weeks between doses 1 & 2 • 8 weeks between doses 2 & 3 (final booster dose should not be given before 12 months of age) | <ul style="list-style-type: none"> • 4 weeks between doses 1 & 2 • 4 weeks between doses 2 & 3 • 8 weeks between doses 3 & 4 (final booster dose should not be given before 12 months of age) |
| Administration | Intramuscular (IM) injection | Intramuscular (IM) injection | Intramuscular (IM) injection |
| Packaging | Vaccine packaged as 5 single-dose vials of lyophilized Hib vaccine and 5 single-dose vials of diluent | Vaccine packaged as 10 single-dose 0.5mL vials | Vaccine packaged as 10 single-dose vials of lyophilized Hib vaccine and 10 single-dose, prefilled syringes of diluent |
| Storage | Refrigerate between 36°F and 46°F (2°C and 8°C) - Do not freeze | Refrigerate between 36°F and 46°F (2°C and 8°C) - Do not freeze | Refrigerate between 36°F and 46°F (2°C and 8°C) - Do not freeze |
| Recommendations | AAP Immunization Schedule (PDF) CDC's MMWR (2014) | AAP Immunization Schedule (PDF) CDC's MMWR (2014) | AAP Immunization Schedule (PDF) CDC's MMWR (2014) |

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| | | Use Among American Indian/Alaskan Native Infants: CDC's MMWR (2024) | CDC's MMWR (2016) (PDF) |
| Program Letter | Not available | Not available | VFC Letter (PDF) |
| Billing Codes | 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 | 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 | 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 |
| Comments | Licensed in 1993 | Licensed in 1989 | Licensed in 2009 |

*Minimum intervals may differ based on age and dose number. See [Table 2 \(PDF\)](#) for Catch-Up Guidance (AAP).

Refer to [Vaccine Fact Sheets](#) (EZIZ.org/Resources/VaccineFactSheets).