INFANRIX HEXA® or VAXELIS®

Diptheria-tetanus-acellular pertussis (dtpa), hepatitis b, poliovirus and haemophilus influenza type b vaccine

Read in conjunction with Disclaimer

Formulary: Unrestricted	
Presentation	**Infanrix Hexa®** ***2 components that must be combined prior to administration*** **Prefilled syringe:** contains DTPa-hepB-IPV component as 0.5 mL of turbid white suspension. **Vial:** contains Hib component as a white lyophilised pellet
	Vaxelis® Ready to use pre-filled syringe.
Classification	DTPa-hepB-IPV-Hib — diphtheria-tetanus-acellular pertussis-hepatitis B-inactivated poliovirus-Haemophilus influenzae type b combination vaccine.
Indication	Used as part of the Western Australian Immunisation Schedule for infants at: • 6 weeks of age*, and; • 4 months of age, and; • 6 months of age. *6-week vaccinations can be delayed to 8 weeks of age if medically unwell. **NOTE: Parent/Guardian consent is to be obtained prior to administration of all vaccinations.**
Special Considerations	• Contraindicated in patients with serious allergic reactions after a previous vaccine dose or to a component of the vaccine, including yeast, neomycin and polymyxin B. • Contraindicated in infants who develop encephalopathy within 7 days following any DTP vaccination – consult immunology for further advice.
Monitoring	• Infants receiving immunisations are to have a full set of observations taken prior to immunisation and then continue full observations with feeds for 48 hours post immunisation. • Monitor temperature – Do not give during febrile illness or acute infection.
Compatibility	The vaccine should not be combined with any fluids or other vaccinations prior to administration.
Interactions	Infanrix Hexa® or Vaxelis® can be co-administered with other scheduled vaccines. Ensure a different injection site is used.
Side Effects	**Common:** Pain, swelling and redness at injection site. A nodule may be present at the injection site for a few weeks.
	Infrequent: Headache, fever, lethargy, malaise, myalgia.
	Rare: Anaphylaxis, urticaria and peripheral neuropathy.

Storage & Stability	Refrigerate at 2 to 8ºC, do not freeze. **Note for Infanrix Hexa®:** Upon storage, a white deposit and clear supernatant can be observed in the prefilled syringe, this is a normal observation.

INTRAMUSCULAR INJECTION

Presentation	**Infanrix Hexa®** ***2 components that must be combined prior to administration.*** **Prefilled syringe:** contains DTPa-hepB-IPV component as 0.5 mL of turbid white suspension. **Vial:** contains Hib component as a white lyophilised pellet.
	Vaxelis® Ready to use pre-filled syringe.
Dosage	***Do not prescribe unless consent has been confirmed.*** **Intramuscular:** 0.5 mL
Preparation	**Infanrix Hexa®** **NOTE:** both components **must be** combined prior to administration. • Inspect the contents of the syringe and the pellet for discolouration. If discoloured, discard vaccine. • Shake the suspension in the syringe well until it is evenly mixed. • Remove the syringe cap and add a Luer Lock needle. • Add the entire contents of the syringe to the vial containing the lyophilised pellet. • Shake until pellet is completely dissolved.
	Vaxelis® Ready to use pre-filled syringe.
Administration	***Do not administer unless consent has been confirmed.***
	Infanrix Hexa® **Intramuscular injection ONLY.** • Draw up the entire reconstituted vial volume (0.5 mL). Inject immediately after reconstitution. • Inject by intramuscular injection as per the Medication Administration Guideline.
	Vaxelis® **Intramuscular injection ONLY.** • Gently shake the pre-filled syringe to obtain a homogenous, whitish, cloudy suspension. • Inject the entire contents of the pre-filled syringe by intramuscular injection as per the Medication Administration Guideline.
Comments	**Infanrix Hexa®:** • A white deposit and clear supernatant can be observed in the prefilled syringe, this is a normal observation. • The Infanrix Hexa® reconstituted vaccine may be kept up to 8 hours at room temperature.

Related Policies, Procedures, and Guidelines

Clinical Practice Guidelines:

CAHS Neonatology – Immunisations

Pharmaceutical and Medicines Management Guidelines:

CAHS Neonatology – Medication Administration Guideline

WNHS Cold Chain Management for Medications and Vaccines

CAHS Medication Refrigerators and Freezers

References

Australian Medicines Handbook. Diphtheria, tetanus and pertussis vaccines. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2024 [cited 2024 Oct 23]. Available from: https://amhonline.amh.net.au/

AusDI. Infanrix Hexa. In: AusDI By Medical Director [Internet]. Australia: AusDI by Medical Director; 2023 [cited 2024 Oct 23]. Available from: https://www.ausdi.com/

AusDI. Vaxelis. In: AusDI By Medical Director [Internet]. Australia: AusDI by Medical Director; 2024 [cited 2025 Jan 31]. Available from: https://www.ausdi.com/

Australian Government Department of Health. Infanrix hexa. In: Australian Immunisation Handbook [Internet]. Canberra: Australian Government Department of Health; 2024 [cited 2024 Oct 23]. Available from: https://immunisationhandbook.health.gov.au/

Australasian Neonatal Medicines Formulary (ANMF). Infanrix Hexa. In: Australasian Neonatal Medicines Formulary [Internet]. [Sydney, New South Wales; 2021 [cited 2024 Oct 23]. Available from: www.anmfonline.org

Document history

Keywords	Infanrix Hexa, Vaxelis, DTPa, hepatitis B, IPV, Hib, diphtheria-tetanus-acellular, pertussis, whooping cough, hepatitis B, poliovirus, Haemophilus influenzae type b, vaccine, 6 week, 2 month				
Document Owner:	Chief Pharmacist				
Author/ Reviewer	KEMH & PCH Pharmacy/Neonatology Directorate				
Version Info:	V4.0: full review, new template V5.0: Added information for Vaxelis® brand (Jan 2025) V5.1: Consent warnings added to dosage and administration section (June 2026)				
Date First Issued:	08/2008	Last Reviewed:	23/10/2024	Review Date:	23/10/2029
Endorsed by:	Neonatal Directorate Management Group			Date:	26/11/2024
NSQHS Standards Applicable:	☒ Std 1: Clinical Governance		☒ Std 4: Medication Safety		
Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from WNHS HealthPoint.					

This document can be made available in alternative formats on request for a person with a disability.

© North Metropolitan Health Service 2024