

Red Book[®]:

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2003 REPORT OF THE COMMITTEE
ON INFECTIOUS DISEASES
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interchangeability of the DTaP, hepatitis B, and inactivated poliovirus combination vaccine, see Pertussis, p 479. These recommendations may change as additional data become available.

Simultaneous Administration of Multiple Vaccines

Most vaccines can be safely and effectively administered simultaneously. No contraindications to the simultaneous administration of multiple vaccines routinely recommended for infants and children are known. Immune responses to one vaccine generally do not interfere with those to other vaccines. An exception is a decrease in immunogenicity when cholera and yellow fever vaccines are given together or 1 to 3 weeks apart. Simultaneous administration of IPV, MMR, varicella, or DTaP vaccines results in rates of seroconversion and of adverse effects similar to those observed when the vaccines are administered at separate visits. Because simultaneous administration of common vaccines is not known to affect the efficacy or safety of any of the recommended childhood vaccines, simultaneous administration of all vaccines, including DTaP, IPV, MMR, varicella, hepatitis A, hepatitis B, Hib, and pneumococcal conjugate and polysaccharide vaccines that are appropriate for the age and previous immunization status of the recipient, is recommended. When simultaneous vaccines are administered, separate syringes and sites should be used, and injections into the same extremity should be separated by at least 1 inch so that any local reactions can be differentiated. Simultaneous administration of multiple vaccines can increase immunization rates significantly. Individual vaccines should never be mixed in the syringe unless they are specifically licensed and labeled for administration in one syringe. For people preparing for international travel, multiple vaccines generally can be given concurrently.

Lapsed Immunizations

A lapse in the immunization schedule does not require reinstitution of the entire series. If a dose of DTaP, IPV, Hib, pneumococcal conjugate, hepatitis A, or hepatitis B vaccine is missed, subsequent immunizations should be given at the next visit as if the usual interval had elapsed. The medical charts of children in whom immunizations have been missed or postponed should be flagged to remind health care professionals to resume the child's immunization regimen at the next available opportunity. Minimum age and interval criteria should be adhered to for administration of all doses (see Table 1.7, p 29).

Unknown or Uncertain Immunization Status

A physician may encounter children with an uncertain immunization status. Many children, adolescents, and young adults do not have adequate documentation of their immunizations. Parent or guardian recollection of a child's immunization history and the specific vaccines used may not be accurate. In general, when in doubt, these people should be considered disease susceptible, and appropriate immunizations should be initiated without delay on a schedule commensurate with the person's current age. There is no evidence that administration of MMR, varicella,