



Indiana State  
Department of Health

**INDIANA STATE DEPARTMENT OF HEALTH  
IMMUNIZATIONS DIVISION  
March 27, 2017**

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Vaccine Brand Name (Year licensed by FDA)	Vaccine Generic Name	CHIRP Abbreviation Or Name	Manu- Facturer	Chirp Manufact. Abbrev	Age Group Licensed or Within ACIP guidelines To Receive Vaccine	Admin. Route	Comments
<b>DIPHTHERIA, TETANUS, AND PERTUSSIS VACCINES</b>							
<b>Daptacel (2002)</b>	DTaP (Diphtheria, Tetanus, acellular Pertussis)	DTAP	Aventis Pasteur-sanofi pasteur (SP)	PMC	6 weeks-6 years	IM	Cannot be used on or after 7 <sup>th</sup> birthday, but if given, dose can be counted. Not licensed for 5 <sup>th</sup> dose.
<b>Infanrix (1997)</b>	DTaP	DTAP	Glaxo Smith Kline (GSK)	SKB	6 weeks-6 years	IM	Cannot be used on or after 7 <sup>th</sup> birthday, but if given, dose can be counted.
<b>DT (1984)</b>	Diphtheria and tetanus Toxoids absorbed	DT (Pediatric)	SP	PMC	6 weeks – 6 years	IM	Pediatric formulation. Used if a child is allergic to pertussis vaccine.
<b>DTaP</b> , brand unknown, historical data entry	DTaP	DTaP- unspecified					
<b>DTP (various brands)</b> <i>Will be historical entry</i>	<i>DTP (Diphtheria, Tetanus, whole-cell Pertussis)</i>	<i>DTP</i>				<i>IM</i>	<i>NO LONGER LICENSED (see Discontinued Vaccines page)</i>
Historical data entry: unable to determine if DTP or DTaP, given between 1991-1997	unspecified	DTP-unspecified			6 weeks-6 years		Would have been given during transitional years of 1991-1997
<b>Pediarix</b>	See <b>Combination Vaccines</b> page						
<b>Kinrix</b>	See <b>Combination Vaccines</b> page						
<b>Pentacel</b>	See <b>Combination Vaccines</b> page						
<b>TriHibit</b>	See <b>Combination Vaccines</b> page						
<b>Td (generic) (1970)</b>	Td (Tetanus and diphtheria toxoids adsorbed)	Td (Adult)	Mass. Biological Lab		7 years and older	IM	Used if tetanus indicated for ages 7-9 years; used as tetanus booster for all ages every 10 years; used for wound management if indicated within 5 years of last tetanus vaccine
<b>Tetanus Toxoid, historical entry (1978)</b>	TT	Tetanus Toxoids, NOS	SP	PMC	7 years and older	IM	Single antigen tetanus vaccine Given only if allergic to diphtheria toxoid.

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<i>Diphtheria Toxoid</i>	<i>Diphtheria (D)</i>	<i>Diphtheria Toxoid</i>					<i>Not available.</i>
<b>Boostrix (2005)</b>	Tdap (Tetanus, diphtheria, acellular pertussis)	Tdap	GSK	SKB	10+ years	IM	Recommended for persons 11-18 years and adults 19-64 years who have not received Tdap. Also licensed recommended for adults 65+ who have close contact with infant < 12 months
<b>Adacel (2005)</b>	Tdap	Tdap	SP	PMC	10 - 64 years	IM	Recommended for persons 11-18 years and adults 19-64 years who have not received Tdap. Also recommended for adults 65+ who have close contact with infant < 12 months (off-label)
<b>Tenivac (2003)</b>	Td	Td (Adult) preservative free	SP		7 years and older	IM	7 years and older
<b>HAEMOPHILUS INFLUENZAE TYPE B (HIB) VACCINES</b>							
<b>ActHib (1993)</b>	Hib (PRP-T)	Hib-PRP-T	SP	PMC	6 weeks – 59 months	IM	4 dose series (includes booster dose). Children starting late may not receive all doses.
<b>Pedvax-Hib (1989)</b>	Hib (PRP-OMP)	Hib-PRP-OMP	Merck	MSD	6 weeks – 59 months	IM	3 dose series (includes booster dose). Children starting late may not receive all doses. Any combination (or unknown type) of Hib vaccine =must have 4 doses.
<b>Hiberix (2009)</b>	Hib (PRP-T)	Hib-PRP-T	GSK	SKB	15 mos-4 yrs (may be given at 12 mos if other requirements met and booster dose indicated)	IM	Booster dose ONLY, must have one prior dose of Hib vaccine and must be last dose.
<b>Pentacel</b>	See <b>Combination Vaccines</b> page						
<b>Comvax</b>	See <b>Combination Vaccines</b> page						
<b>Menhibrix</b>	See <b>Combination Vaccines</b> page						
<b>TriHibit</b>	See <b>Combination Vaccines</b> page						
<b>ProHIBit</b>	<i>Hib (PRP-D)</i>	<i>Hib-PRP-D</i>	<i>Pasteur-Merieux</i>	<i>INACTIVE</i>		<i>IM</i>	<i>DISCONTINUED (see discontinued vaccines page)</i>
Historical data entry: Hib		Hib-Unspecified					

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<b>HEPATITIS A VACCINES</b>							
<b>Havrix (1995)</b> (Pediatric/Adol.)	Hepatitis A	HepA 2dose-Ped/Adol	GSK	SKB	1-18 years	IM	2 doses, 6 months apart Dose = 0.5 ml
<b>Havrix (Adult)</b>	Hepatitis A	HepA 2dose-Adult	GSK	SKB	19 years and older	IM	2 doses, 6 months apart. Dose = 1.0 ml
<b>Vaqta (1996)</b> (Pediatric/Adol.)	Hepatitis A	Hep A 2 dose-Ped/Adol	Merck	MSD	1-18 years	IM	2 doses, 6-18 months apart Dose = 0.5 ml
<b>Vaqta (Adult)</b>	Hepatitis A	HepA 2dose-Adult	Merck	MSD	19 years and older	IM	2 doses, 6-12 months apart. Dose = 1.0 ml
Historical Data Entry: Hep A Vaccine type unknown	Hepatitis A	Hep A- unspecified				IM	
<b>Twinrix (2001)</b>	See <b>Combination Vaccines</b> page						
<b>HEPATITIS B VACCINES</b>							
<b>Engerix-B (1989)</b> (Pediatric/Adol.)	Hepatitis B	Hepatitis B-- adol. or pediatric	GSK	SKB	Birth through 19 years	IM	3 dose series. Do not restart series. Observe minimum ages & intervals. Do not give gluteal.
<b>Engerix-B (Adult)</b>	Hepatitis B	Hep B Adult	GSK	SKB	20 years and older	IM	3 dose series. Do not restart series. Do not give gluteal. Vaccinate adults 19-64 diagnosed with diabetes
<b>Recombivax HB (1986)</b> (Pediatric/Adolescent)	Hepatitis B	Hepatitis B-- adol. or pediatric	Merck	MSD	Birth through 19 years	IM	3 dose series. Do not restart series. Observe minimum ages & intervals. Do not give gluteal. 2 pediatric doses may be substituted for one adult dose.
<b>Recombivax HB (2-dose) for age 11-15 years (1999)</b>	Hepatitis B	HepB 2 dose-Adol/Adult	Merck	MSD	Ages 11-15 years <b>ONLY</b>	IM	2 doses given 4-6 months apart will complete series with this vaccine. Do not give gluteal.
<b>Recombivax HB (Adults)</b>	Hepatitis B	HepB Adult	Merck	MSD	20 years and older	IM	3 dose series. Do not restart series. Do not give gluteal. Vaccinate adults 19-64 diagnosed with diabetes
<b>Pediarix</b>	See <b>Combination Vaccines</b> page						
<b>Comvax</b>	See <b>Combination Vaccines</b> page						
<b>Twinrix</b>	See <b>Combination Vaccines</b> page						

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Atypical dosage based on patient's health history, i.e. dialysis	Hepatitis B	Note that there are choices on various dosages in Chirp (dialysis, High risk)				IM	
Historical data entry: vaccine type unknown	Hepatitis B	Hep B- unspecified				IM	
<b>HUMAN PAPILLOMAVIRUS VACCINES</b>							
<b>Gardasil 9 (2014)</b>	HPV	HPV9-valent vaccine	Merck	MSD	9-26 years, females 11-26 years, males	IM	3 dose series. Observe minimum ages and intervals.
<b>Gardasil (2006)</b>	HPV	HPV, quadrivalent	Merck	MSD	9-26 years, females *9-26 years, males	IM	3 dose series. Observe minimum ages and intervals
<b>Cervarix (2009)</b>	HPV	HPV, bivalent	GSK	SKB	*9-26 years, females only	IM	3 dose series. Observe minimum ages and intervals
<b>MEASLES, MUMPS, AND RUBELLA</b>							
<b>MMR-II (1971)</b>	MMR Measles, mumps, rubella	MMR	Merck	MSD	1 year and older	SC	2 dose series given at 12-15 mos. & at 4-6 years of age. Doses must be separated by at least 4 weeks.
<b>ProQuad (2005)</b>	MMR/Varicella		See <b>Combination Vaccines</b> page				
<b>POLIO VACCINES</b>							
<b>IPOL (1990)</b>	IPV (Polio)	IPV	SP	PMC	6 weeks – 18 years <b>*As of 8/2009, last dose should be admin at age ≥4yr, with minimum of 6 mos between last two doses</b>	IM or SC	Adults with no history or vaccination or travelers to foreign countries may need IPV series.  4 <sup>th</sup> dose after 4 years and 6 month interval required grades K-3 for 2013-2014 school year
*Minimum ages and intervals should not be used for vaccine administration in first 6 mos of life unless at imminent risk of exposure to polio.							
<b>Kinrix</b>	See <b>Combination Vaccines</b> page						
<b>Pentacel</b>	See <b>Combination Vaccines</b> page						

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<b>Pediarix</b>	See <b>Combination Vaccines</b> page						
Historical data entry: vaccine type unknown, given prior to year 2000	<b>Polio</b>	<b>Polio-Unspecified</b>					
<b>MENINGOCOCCAL VACCINES</b>							
<b>Menomune (1981)</b>	Meningococcal polysaccharide (MPSV4)	Meningococcal (MPSV4)	SP	PMC	2 years and older	SC	Revaccinate every 3-5 years if at risk. Conjugate vaccine recommended for individuals < 55 years
<b>Menactra (2005)</b>	Meningococcal conjugate (MCV4)	Mening MCV4P	SP	PMC	9 months - 55 years	IM	Routinely recommended for children 11-12 years of age with booster dose at 16 years of age
	6/2009: Children through age 18 years who received their first dose of MCV4 or MPSV4 at ages 2-6 years and remain at increased risk for meningococcal disease should receive an additional dose of MCV4 at 3 years after their first dose. Children through age 18 years who received a dose of MCV4 or MPSV4 after age 6 and remain at increased risk for meningococcal disease should receive an additional dose of MCV4 at 5 years after their previous dose.						
<b>Menveo (2010)</b>	Meningococcal conjugate (MCV4)	Mening MCV4O	GSK	SKB	2 months-55 years	IM	Routinely recommended for children 11-12 years of age with booster dose at 16 years of age
<b>Bexsero (2015)</b>	Meningococcal Serogroup B	Meningococcal B, OMV	GSK	SKB	10 years and older	IM	Category B recommendation for 16-23 year olds 2 dose series
<b>Trumemba (2014)</b>	Meningococcal Serogroup B	Meningococcal B, recombinant	Pfizer	PFR	10 years and older	IM	Category B recommendation for 16-23 year olds 3 dose series
<b>Menhibrix (2012)</b>	See <b>Combination Vaccines</b> page						
<b>Menjugate (Novartis), Meningitec (Pfizer) NeisVac-C (GSK)</b>	Men- C , MCC	Meningococcal C conjugate					Not licensed in US, would be administered in other country. 2 doses.
Historical data entry: vaccine type unknown	Meningococcal	Meningococcal NOS					Does not count towards school requirement. Use only when unable to determine if MCV4 or MPSV4 was administered
<b>PNEUMOCOCCAL VACCINES</b>							

Vaccine Brand Name (Year licensed by FDA)	Vaccine Generic Name	CHIRP Abbreviation Or Name	Manu-Factorer	Chirp Manufact. Abbrev	Age Group Licensed or Within ACIP guidelines To Receive Vaccine	Admin. Route	Comments
<b>Prevnar (2000)</b>	Pneumococcal conjugate (PCV7)	Pneumococcal (PCV7)	<i>Pfizer</i>	<i>PFR</i>			<i>Discontinued 2010</i>
<b>Prevnar 13 (2010)</b>	Pneumococcal conjugate (PCV13)	Pneumococcal (PCV13)	Pfizer	PFR	6 weeks – 64 years (ACIP vote August 2014 to offer <i>routinely</i> in adults 65+)	IM	4 dose series, if child is behind may not receive all doses of vaccine. Recommend single supplemental dose for children ages 14-59 months who received only PCV7 vaccine. Adults at high-risk for IPD should receive dose of PCV13 followed by recommended doses of PPSV23
<b>Pneumovax23 (1977)</b>	Pneumococcal polysaccharide or polyvalent vaccine (PPSV)	Pneumococcal (PPSV)	Merck	MSD	2 years and older	SC or IM	Recommendation is for adults age 65 and older: 1 dose. Second dose if given before age 65 years. (continued...)_ Given age 2 yrs and older if high risk condition. (See Pink Book.)
Historical Data Entry: vaccine type unknown	Pneumococcal	Pneumococcal-unspecified					
<b>ROTAVIRUS VACCINES</b>							
<b>Rotateq (2006)</b>	Rotavirus, live, oral vaccine (RV5)	Rotavirus-pentavalent	Merck	MSD	6-32 weeks	oral	3 dose series; complete series by 8 months, 0 days.
<b>Rotarix (2008)</b>	Rotavirus live, oral vaccine (RV1)	Rotavirus-monovalent	GSK	SKB	6-24 weeks	oral	2 dose series; complete series by 8 months, 0 days.
Historical Data Entry: vaccine type unknown	Rotavirus	Rotavirus NOS					
<b>VARICELLA/ZOSTER VACCINES</b>							
<b>Varivax (1995)</b>	Varicella vaccine (VZV)	Varicella	Merck	MSD	1 year and older	SC	2 doses recommended, Ages 12 month-12 years, doses separated by 3 months Ages 13 and older: doses separated by 4 weeks.

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<b>ProQuad (2005)</b>	MMR/Varicella		See <b>Combination Vaccines</b> page				
<b>Zostavax (2006)</b>	Zoster	Zoster, live	Merck	MSD	60 years and older	SC	1 dose.
<b>COMBINATION VACCINES</b>							
<b>Comvax (1996)</b> <i>Discontinued 12/2014</i>	Hepatitis B pediatric + Pedvax-Hib	HepB/Hib	Merck	MSD	6 weeks – 71 months (generally not given after age 5 years)	IM	3 dose series given at 2, 4 months & 12-15 months.
<b>MMR-II (1978)</b>	Measles, Mumps and Rubella	MMR	Merck	MSD	1 year and older	SC	2 dose series given at 12-15 mos. & at 4-6 years of age.
<b>ProQuad (2005)</b>	Measles, Mumps, Rubella <i>and</i> Varicella	MMR/Varicella	Merck	MSD	1 year and older	SC	2 doses. Ages 12 month-12 years, doses separated by 3 months.
<b>Pediarix (2002)</b>	DTaP + HepB + IPV (Infanrix, Engerix-B, IPV)	DTaP/HepB/IPV	GSK	SKB	6 weeks through 6 years	IM	Licensed for Primary series only: first three doses of DTaP and IPV. Note minimum intervals for Hep B component.
<b>Kinrix (2008)</b>	DTaP + IPV	DTaP/IPV	GSK	SKB	4-6 years	IM	Licensed for 4 <sup>th</sup> dose of IPV and 5 <sup>th</sup> dose of DTaP only.
<b>Menhibrax (2012)</b>	Mening + Hib	Meningococcal C/Y-HIB PRP	GSK	SKB	2, 4, 6 & 12-15 months. Administer 4 <sup>th</sup> dose through 18 months	IM	Protection against serogroups C & Y <i>N. meningitides</i> . <i>Haemophilus influenzae type B</i> .
<b>01/13: ACIP Recommendation – children 2-18 months who are at increased risk for meningococcal disease should receive four doses of Menhibrax at 2, 4, 6 and 12-15 months of age starting at 2 months (through 18 months).</b>							
<b>Pentacel (2008)</b>	DTaP + IPV + Hib (Daptacel + IPV + ActHib)	DTaP/IPV/Hib	SP	PMC	6 weeks – 4 years	IM	4 doses at 2-4-6- and 15-18 months.
<b>Twinrix (2001)</b>	Hepatitis B adult + Hepatitis A pediatric	HepA/HepB	GSK	SKB	18 years and older	IM	3 dose series. Also approved for 4-dose accelerated schedule.
<b>INFLUENZA VACCINES</b>							



Vaccine Brand Name (Year licensed by FDA)	Vaccine Generic Name	CHIRP Abbreviation Or Name	Manu- Factorer	Chirp Manufact. Abbrev	Age Group Licensed or Within ACIP guidelines To Receive Vaccine	Admin. Route	Comments
<b>Fluzone</b>	Trivalent Influenza vaccine (IIV3)	Influ 6 – 35 mos and up w/thimerosal	SP	PMC	6 months and older	IM	Dose = 0.25 mL (6-35 mos); 0.5 mL (36 mos + up) 5.0 mL Multi-dose vial Contains preservative
<b>Fluzone PF***</b>	Trivalent Influenza vaccine (IIV3)	Influenza, injectable, preservative free	SP	PMC	3 years and older	IM	Dose = 0.5 mL Preservative free Prefilled syringe/Single-dose vial
<b>Fluzone Quadrivalent PF</b>	Quadrivalent Influenza Vaccine (IIV4)	Influenza injectable, quadrivalent, preservative free	SP	PMC	3 years and older	IM	Dose = 0.5 mL Preservative free Prefilled syringe/Single-dose vial
<b>Fluzone Quadrivalent PF</b>	Quadrivalent Influenza Vaccine (IIV4)	Influenza injectable 6-35 mos, quadrivalent, preservative free pediatric	SP	PMC	6 - 35 months	IM	Dose = 0.25 mL Preservative free Prefilled syringe
<b>Fluzone Quadrivalent</b>	Quadrivalent Influenza Vaccine (IIV4)	Influenza injectable, quadrivalent	SP	PMC	6 months and older	IM	Dose = 0.25 mL (6-35 mos); 0.5 mL (36 mos + up) 5.0 mL Multi-dose vial Contains preservative
<b>Fluzone High-Dose</b>	Trivalent Influenza Vaccine (IIV3)	Influenza, high- dose seasonal	SP	PMC	65 years and older	IM	Dose = 0.5 mL Preservative free Single-dose syringe
<b>Fluzone Intradermal</b>	Trivalent Influenza Vaccine (IIV3)	Influenza Intradermal, Preserv free	SP	PMC	18 through 64 years	ID	0.1 mL single-dose microinjection
<b>Flucelvax (2012)</b>	Trivalent Influenza Vaccine (cIIV3)	Influ, inj, MDCK, pres free, 18+	SP	PMC	18 years & older	IM	Dose = 0.5 mL Preservative free Single-dose syringe

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<b>FluBlok (2013)</b>	Trivalent Influenza Vaccine (RIV3)	Influ recombinant (RIV3), inj, 18+ yrs pres free	SP	PMC	18-49 Years	IM	Influenza, seasonal, injectable
<b>Afluria</b>	Trivalent influenza vaccine (IIV3)	Influenza, seasonal, injectable	CSL	CSL	9 years and older	IM	Dose = 0.5 mL 5.0 mL multi-dose vial
<b>Afluria PF</b>	Trivalent influenza vaccine (IIV3)	Influenza, injectable, preservative free	CSL	CSL	9 years and older	IM	0.5 mL single-dose syringe Preservative free
<b>Fluarix*** PF</b>	Trivalent Influenza vaccine (IIV3)	Influenza, injectable, Pres Free	GSK	SKB	3 years and older	IM	Dose = 0.5 mL Preservative free Single-dose syringe
<b>Fluarix Quadrivalent</b>	Quadrivalent Influenza vaccine (IIV4)	Influenza, injectable, quadrivalent preservative free	GSK	SKB	3 years and older	IM	Dose = 0.5 mL Preservative free Single-dose syringe
<b>FluLaval</b>	Trivalent Influenza vaccine (IIV3)	Influenza, seasonal, injectable	ID Biomedical	SKB	3 years and older	IM	Dose = 0.5 mL 5.0 mL multi-dose vial
<b>FluLaval Quadrivalent</b>	Quadrivalent Influenza Vaccine (IIV4)	Influenza, injectable, quadrivalent	GSK	SKB	3 years and older	IM	Dose = 0.5 mL 5.0 mL Multi-dose vial
<b>FluLaval Quadrivalent PF</b>	Quadrivalent Influenza Vaccine (IIV4)	Influenza, injectable, quadrivalent, preservative free	GSK	SKB	3 years and older	IM	Dose = 0.5 mL Preservative free Single-dose syringe
<b>Fluvirin**</b>	Trivalent Influenza vaccine (IIV3)	Influenza, seasonal, injectable	Novartis	NOV	4 years and older	IM	Dose = 0.5ml Multi-dose vial
<b>Fluvirin PF**</b>	Trivalent Influenza vaccine (IIV3)	Influenza, injectable, Pres Free	Novartis	NOV	4 years and older	IM	Dose = 0.5ml Single-dose syringe Preservative free

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<b>FluMist Quadrivalent</b>	Live Attenuated Influenza vaccine (LAIV4)	Influenza nasal spray, quadrivalent	MedImmune	MED	Ages 2 years – 49 years	Intra-nasal	Dose = 0.1ml per nostril Must be healthy, non- pregnant. Do not give to persons with asthma or wheezing
Historical Data Entry: vaccine type unknown	Influenza	Influenza unspecified					

**SEASONAL INFLUENZA VACCINES: IMPORTANT INFORMATION**

Seasonal Influenza Vaccine: Children 6 months through 8 years who have received fewer than 2 doses of seasonal influenza vaccine since July 2010 should receive 2 doses of influenza vaccine at least 4 weeks apart. Children who received at least 1 dose during the 2013-0214 influenza season will only need 1 dose during the 2014-2015 season.

\*\*Influ Inact 48+ mos pres free and Influ Inact 48+ mos w/Thimerosal are other CHIRP codes which may be used for the trivalent Fluvirin® vaccine

\*\*\*Influ 36+ mos pres free is another CHIRP code that can be used with the trivalent Fluarix® and Fluzone® vaccine in the single-dose syringe presentation

## DISCONTINUED VACCINES

Vaccine Brand Name	Vaccine Generic Name	CHIRP Abbreviation Or Name	Manufacturer	Years of Use	Comments
<b>Acel-Immune</b>	DTaP	DTaP	Pfizer (WLV)	1991-2000	
<b>Attenuvax</b>	Measles (live)	Measles	Merck		
<b>bCAPSA 1</b>	Hib (polysaccharide)			1985-1989	
<b>Biavax II</b>	Mumps + Rubella	Rubella/mumps	Merck		12 months and older
<b>Cendevax</b>	Rubella (live)	rubella		1969-79	
<b>Certiva</b>	DTaP		NAV/ALI	1998-2000	
<b>Decavac</b>	Td	AdultTd- <b>Preserv. Free</b>	SP	1953-2012	
<b>Dip-Pert-Tet</b>	DTP (Diphtheria, Tetanus, whole-cell Pertussis)	DTP		Prior to 1997	
<b>Ditanrix</b>	Td				
<b>Ecolarix</b>	Rubella (live) + measles	M/R		NA	
<b>GENHEVAC B PASTEUR</b>	Hep B				
<b>Heptavax-B</b>	Hepatitis B (plasma derived)			1981-1990	
<b>Hexavac</b>	DTaP + Polio + Hep B + Hib				
<b>Hiberix</b>	Hib				
<b>Hib-Immune</b>	Hib polysaccharide			1985-1989	
<b>HibTiter</b>	Hib (Hboc)	Hib-Hboc	Pfizer	1990-2007	
<b>HibVax</b>	Hib (polysaccharide)			1985-1989	
<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, live virus for nasal administration	MedImmune	2009 - 2010	2-49 years
<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, multi-dose with thimerosal	CSL	2009 - 2010	3 years and older
<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, multi	SP	2009 - 2010	6 months and older
<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, multi	ID Biomedical/GSK	2009 - 2010	18 years and older
<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, multi	Novartis	2009 - 2010	4 years and older
<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, all formulations		2009 - 2010	

<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, single dose	Novartis	2009 -2010	4 years and older
<b>Vaccine Brand Name</b>	<b>Vaccine Generic Name</b>	<b>CHIRP Abbreviation Or Name</b>	<b>Manufacturer</b>	<b>Years of Use</b>	<b>Comments</b>
<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, single dose	SP	2009 - 2010	36 months and older
<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, single dose	CSL	2009 - 2010	36 months and older
<b>Influenza A (H1N1) 2009 monovalent</b>	Influenza	Novel H1N1, .25 single dose w/out thimerosal	SP	2009 - 2010	6-35 months
<b>M-Vac</b>	Measles	measles		1963-79	
<b>M-M-Vax</b>	Measles + mumps			1973	
<b>MeruVaxII</b>	Rubella (live)	Rubella	Merck	1969-79	
<b>Mumpsvox</b>	Mumps (live)	Mumps	Merck		
<b>OmniHib</b>	Hib (PRP-T)	Hib-PRP-T	GSK		
<b>Orimune</b>	Polio (live, oral)	OPV	Lederle	1961-2000	
<b>Pentacoq</b>	DTP* + Polio + Hib				
<b>Pfizer-Vax Measles-K</b>	Measles (inactivated)			1963-1968	
<b>Pfizer-Vax Measles-L</b>	Measles live			1965-1970	
<b>Pnu-Immune23</b>	Pneumococcal vaccine	Pneumococcal(PPV23)		1979-	<i>DISCONTINUED</i>
<b>Poliovox</b>	Polio (inactivated)		SP	1988-91	
<b>ProHIBit</b>	Hib (PRP-D)	Hib-PRP-D	Pasteur-Merieux	1987-2000	Was a booster dose only
<b>Pprevnar 7</b>	PCV7	PCV7	Pfizer	2000-2011	Replaced by PCV13
<b>Purogenated</b>	DT (pediatric)				
<b>QuadriGen</b>	DTP-Polio			1959-1968	
<b>Rotashield</b>	Rotavirus, RV	Rotavirus tetravalent	WLV	1998-1999	
<b>Rubelogen</b>	Rubella (live)			1969-1972	
<b>Rubeovax</b>	Measles (live)			1963-1971	
<b>Solgen</b>	DTP*	DTP	Lederle	1962-77	
<b>Tetracoq</b>	DTP* + polio				
<b>Tetramune</b>	DTP* + Hib		Lederle		
<b>Tridipigen,</b>	DTP	DTP		Prior to 1997	
<b>TriHibit</b>	DTaP + ActHib +	DtAp/Hib	SP	1996-2011	
<b>Tri-Immunol,</b>	DTP	DTP	Lederle	Prior to 1997	

<b>Trinivac</b>	DTP*	DTP		1952-64	
<b>Tripacel</b>	DTaP	DTaP	SP	1992-2011	<i>Discontinued</i>
<b>Tripedia</b>	DTaP	DTaP			
<b>Tritanrix</b>	DTP* + Hep B		GSK		
<b>Trivivac</b>		DTP		Prior to 1997	
<b>Vaccine Brand Name</b>	<b>Vaccine Generic Name</b>	<b>CHIRP Abbreviation Or Name</b>	<b>Manufacturer</b>	<b>Years of Use</b>	<b>Comments</b>
<b>Attenuvax* monovalent</b>	measles	measles	Merck	1963-2009	*No longer available as monovalent vaccine, still used in M-M-R II.
<b>MumpsVax* monovalent</b>	mumps	mumps	Merck	1967-2009	*No longer available as monovalent vaccine, still used in M-M-R II. 2 doses are now required in Indiana
<b>MeruVaxII* monovalent</b>	rubella	rubella	Merck	1969-2009	*No longer available as monovalent vaccine, still used in M-M-R II. 1 dose required

\*DTP = DTwP

Additional discontinued vaccine information can be found at:

[http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/discontinued\\_vaccines.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/discontinued_vaccines.pdf)

## COMMON VACCINES GIVEN OUTSIDE THE US

Vaccine Abbreviation / Name	What It means
SABIN Imovax Polio	Mexico: Polio virus vaccine Canada: Polio vaccine
Triple	Mexico: DTP (pertussis, difteria, tetano)
Td-IPV	UK: given to 13-18 yr olds
Tripacel	Canada: DTP
Guadruple	Mexico: DTP & Hib
Penta	Canada: DTP + Hib
Quadracel	Canada: DTaP + IPV
Pentavalente	Mexico: DTP + Hep B + Hib
Pentavac	Outside US: DTaP + Hib + IPV
Pentacoq	Outside US: DTP + Hib + IPV
Guadracel	Outside US: DTaP + IPV
Priorix	Canada: MMR (measles, mumps, rubella)
Triple Viral (SRP)	Mexico: Sarampion, rubeola, parotiditis oc paperas (MMR)
SR	Mexico: Sarampion, rubeola (measles & rubella only)
Antisarampion	Mexico: Measles only
Antihepatitis B	Mexico: Hepatitis B vaccine
Varivax II Varilrix	Canada: varicella vaccine
Varicela	Mexico: varicella vaccine
Avaxim Epaxal Berna	Canada: Hepatitis A vaccine
Twinrix Jr	Canada and Outside US: Hep A + Hep B vaccine (pediatric)
Group A & C Mencevax AC	Canada: Meningococcal polysaccharide vaccine
Menjugate Neis Vac-C	Canada: meningococcal conjugate vaccine
Antineumococica Conjugada (7 serotipos)	Mexico: pneumococcal conjugate vaccine (PCV7)
Pnu-Immune 23	Canada: Pneumococcal polysaccharide vaccine (PPV23)

Additional foreign language vaccine product information can be found at

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf>