

**ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES**

**VACCINES FOR CHILDREN PROGRAM**

**VACCINES TO PREVENT DIPHTHERIA, TETANUS AND PERTUSSIS**

*The purpose of this resolution is to (1) add Td vaccine for use in children < 7 years of age for whom receipt of the pertussis component is contraindicated and to (2) update the language regarding the Tdap booster to align with ACIP recommendations.*

*VFC resolution —10/19-1 is repealed and replaced by the following:*

**Eligible Groups**

Children and adolescents aged 6 weeks through 18 years.

**Recommended Schedule and Intervals for Diphtheria, Tetanus and Pertussis Vaccines**

Table 1. Vaccines containing tetanus toxoid, diphtheria toxoid, and acellular pertussis antigens recommended for use in persons aged <7 years.

| Vaccine Type                   | Vaccine                  | Brand (1) | Age for approved use in the routine schedule (2) |       |       |           |             |
|--------------------------------|--------------------------|-----------|--|-------|-------|-----------|-------------|
|                                |                          |           | 2 mos  | 4 mos | 6 mos | 15-18 mos | 4-6 yrs (3) |
| DTaP                           | DTaP (4)                 | Daptacel  | X  | X     | X     | X         | X           |
|                                | DTaP (4)                 | Infanrix  | X  | X     | X     | X         | X           |
| Combination vaccines with DTaP | DTaP-HepB-IPV (4, 5)     | Pediarix  | X  | X     | X     |           |             |
|                                | DTaP-IPV/Hib (4, 6)      | Pentacel  | X  | X     | X     | X         |             |
|                                | DTaP-IPV-Hib-HepB (4, 7) | Vaxelis   | X  | X     | X     |           |             |
|                                | DTaP-IPV (8)             | Kinrix    |  |       |       |           | X           |
|                                | DTaP-IPV (8)             | Quadracel |  |       |       |           | X           |
| Td                             | Td (9)                   | Tenivac   |  | X     | X     | X         | X           |
| Td                             | Td (9)                   | TdVax     |  | X     | X     | X         | X           |

- (1) The use of brand names is not meant to preclude the use of other comparable licensed vaccines.
- (2) Minimal intervals: Dose 1 to 2: 4 weeks. Dose 2 to 3: 4 weeks. Dose 3 to 4: 6 months. Dose 4 to 5: 6 months. For more information on age for use in catch-up immunization schedules please see: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>
- (3) The fifth dose is not necessary if the fourth dose was given after the fourth birthday.
- (4) FDA-approved for use in infants as young as 6 weeks.
- (5) FDA-approved for use through age 6 years (prior to 7<sup>th</sup> birthday). The combined DTaP-HepB-IPV vaccine may be used when any component of the combination is indicated, and if the other components are not contraindicated. Approved for the primary series only (Doses 1-3). For adequate immune response, the last dose of hepatitis B vaccine should be given at  $\geq 24$  weeks of age and therefore this combination vaccine should not be administered as a complete primary series on an accelerated schedule at 4-week intervals for prevention of pertussis.
- (6) FDA-approved for use through age 4 years (prior to 5<sup>th</sup> birthday). The combined DTaP-IPV/Hib vaccine may be used when any component of the combination is indicated, and if the other components are not contraindicated. Approved for the primary series and first booster dose (Doses 1-4). The combined DTaP-IPV/Hib vaccine is not indicated for children 5 years of age and older.
- (7) FDA-approved for use through age 4 years (prior to 5<sup>th</sup> birthday). The combined DTaP-IPV-Hib-HepB vaccine may be used when any component of the combination is indicated, and if other components are not contraindicated. Approved for the primary series only (Doses 1-3). For adequate immune response, the last dose of hepatitis B vaccine should be given  $\geq 24$  weeks of age and therefore this combination vaccine should not be administered as a complete primary series on an accelerated schedule at 4-week intervals for prevention of pertussis.
- (8) The combined DTaP-IPV vaccines may be used when any component of the combination is indicated, and if the other components are not contraindicated. Only approved for the booster dose at age 4 through 6 years. Earlier doses should use another vaccine.
- (9) Use tetanus toxoid- and diphtheria toxoid-containing vaccine if encephalopathy not attributable to another identifiable cause occurs within 7 days of administration of previous dose of pertussis-containing vaccine. For more information on the use of Td in children <7 please see: [About Young Children with a Contraindication to Pertussis-Containing Vaccines | CDC](#)

Table 2. Vaccines containing tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis antigens recommended for use in persons aged 7–18 years.

| Vaccine Type      | Brand    |
|-------------------|----------|
| Tdap (1, 2, 3, 4) | Adacel   |
|                   | Boostrix |
| Td (4, 5, 6)      | Tenivac  |
|                   | TdVax    |

- (1) The use of brand names is not meant to preclude the use of other comparable licensed vaccines.
- (2) Persons aged 11–18 years should receive a single booster dose of Tdap, preferably at a preventive care visit at ages 11–12 years. The booster dose is not necessary if the Tdap dose was given after the tenth birthday.
- (3) Catch-up immunization: Persons aged 7–18 years who have never been vaccinated against pertussis, tetanus, or diphtheria should receive a series of three tetanus and diphtheria toxoid-containing vaccines, which includes at least 1 dose of Tdap. The preferred schedule is a dose of Tdap, followed by a dose of either Td or Tdap at least 4 weeks afterward and another dose of either Td or Tdap 6 to 12 months later. Persons aged 7–18 years who are not fully immunized against pertussis, tetanus or diphtheria should receive 1 dose of Tdap (preferably the first) in the catch-up series; if additional tetanus toxoid-containing doses are required, either Td or Tdap vaccine can be used. The catch-up schedule and minimum intervals between doses are available at <https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>
- (4) Adolescents who are pregnant should receive Tdap, irrespective of past history of Tdap receipt. Tdap should be administered from 27 through 36 weeks' gestation, preferably during the earlier part of this time period, although it may be administered at any time during pregnancy. If an adolescent did not receive Tdap during her current pregnancy and did not receive a prior dose of Tdap ever, then Tdap should be administered immediately postpartum. If an adolescent did not receive Tdap during her current pregnancy but did receive a prior dose of Tdap, then she should not receive a dose of Tdap postpartum.
- (5) Tetanus prophylaxis for wound management: A tetanus toxoid-containing vaccine is indicated as part of wound management if more than five years has passed since the last tetanus toxoid-containing vaccine dose. If a tetanus toxoid-containing vaccine is indicated for persons aged  $\geq 11$  years, Tdap is preferred for persons who have not previously received Tdap or whose Tdap history is unknown. If a tetanus toxoid–

containing vaccine is indicated for a pregnant woman, Tdap should be used. For nonpregnant persons with documentation of previous vaccination with Tdap, either Td or Tdap can be used if a tetanus toxoid–containing vaccine is indicated.

- (6) Td should be used if encephalopathy not attributable to another identifiable cause occurs within 7 days of administration of a previous dose of pertussis-containing vaccine.

## **Recommended Dosage**

Refer to product package inserts available at:

<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

## **Contraindications and Precautions**

Contraindications and precautions can be found at:

<https://www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm>.

[If an ACIP recommendation regarding diphtheria, tetanus, and pertussis vaccination is published within 6 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]

Adopted and Effective: February 28, 2024

This document can be found on the CDC website at:

<https://www.cdc.gov/vaccines/programs/vfc/providers/resolutions.html>