



...for Parents and Caregivers



www.immune.org.nz

Introducing Infanrix®-hexa

Fact Sheet for Parents & Caregivers

Infanrix®-hexa is a vaccine new to New Zealand that protects against the 6 serious diseases; diphtheria, tetanus, whooping cough, polio, hepatitis B and Hib (Haemophilus influenzae type b). This combination vaccine is being phased in to replace doses of several other vaccines:

- Infanrix™-IPV (a combined diphtheria, tetanus, whooping cough, polio vaccine)
- Comvax® (a combined hepatitis B and Hib vaccine) and
- HBvaxPro® (a hepatitis B vaccine)

Infanrix®-hexa will be offered free to all children in three doses given at ages; 6 weeks, 3 months, and 5 months. It is given along with the other vaccines recommended on the New Zealand Childhood Immunisation schedule.

Infanrix®-hexa reduces the number of injections needed to gain protection against 6 serious diseases.

What is in Infanrix®-hexa?

The components that make up Infanrix®-hexa are familiar and have all been in vaccines used extensively in NZ in the past. It has very similar risks and benefits to the vaccines it is replacing. Clinical trials and international experience show that infants cope very well with this combined vaccine and develop good overall protection. More information is available on the consumer information sheets found at www.medsafe.govt.nz

Change in Hib components from currently used vaccines

The main difference between this combination vaccine and the vaccines currently used is a slightly different formulation of the Hib component. While this component is still highly effective the protection is lower until infants have had their 3 month old dose. This is unlikely to make a difference for infants protected on time, however if infants are delayed in receiving their 6 week and 3 month injections they are at risk of catching Hib disease.

What is the International experience?

Infanrix®-hexa is used widely; currently available in 60 countries and more than 28 million doses have been distributed worldwide. Infanrix®-hexa is on the primary immunisation schedule in many countries, including: Belgium, Austria, Germany, Italy, Czech Republic, Slovak Republic and Australia.

What is next?

The immunisation schedule is due to have several changes in 2008. Check with your practice nurse, family doctor or midwife to make sure your children are up to date with the best protection available.

Immunisations are lifesaving.

Summary of changes to the first 3 visits: using Infanrix®-hexa vaccine

Age Given	Old Schedule: 2006 Infant vaccines against ; diphtheria, tetanus, whooping cough, polio, hepatitis B and Hib		New Schedule: 2008 Infant vaccines against ; diphtheria, tetanus, whooping cough, polio, hepatitis B and Hib
6 Weeks	DTaP-IPV (Infanrix™-IPV)	Hib/HepB (Comvax®)	DTaP-IPV-Hib/HepB (Infanrix®-hexa)
3 Months	DTaP-IPV (Infanrix™-IPV)	Hib/HepB (Comvax®)	DTaP-IPV-Hib/HepB (Infanrix®-hexa)
5 Months	DTaP-IPV (Infanrix™-IPV)	HepB (HBvaxPRO®)	DTaP-IPV-Hib/HepB (Infanrix®-hexa)

Vaccines are prescription medicines. Talk to your nurse, doctor or midwife about the benefits and any risks

Risk from vaccine compared to risks of the diseases

Risk from Vaccine	
<p>Infanrix®-hexa (DTaP-IPV-Hib-HepB)</p>	<p>Common reactions following immunisation</p> <ul style="list-style-type: none"> • Many vaccinees experience mild local reactions such as redness or swelling at the injection site, fever, nausea or loss of appetite. These responses are self limiting <p>Uncommon responses</p> <ul style="list-style-type: none"> • Occasionally the swelling and redness can be quite extensive. This is self limiting • Convulsions 1 in 1.4 million • Persistent screaming 1 in 20,000 • HHE 1 in 33,000 • Brachial neuritis (from the tetanus component) 0.5-1 in 100,000. • Encephalopathy (temporal association with pertussis component) <1 in 1,000,000. • Anaphylaxis 1 in 1,600,000. <p>Some case reports of thrombocytopenia, myalgia and arthralgia have been reported</p>
Risks from Diseases	
<p>Diphtheria - a highly contagious respiratory illness causing severe pharyngitis.</p>	<ul style="list-style-type: none"> • Pharyngitis causing moderate to severe upper airway obstruction in 90% of cases. • The most common complications are myocarditis and neurological manifestations. • Less common complications include renal failure, coma and death. • Overall case fatality 1% if treatment begins within 1 day of symptom onset and 20% if delayed beyond 4 days
<p>Tetanus – severe toxin-mediated disease marked by spastic paralysis and respiratory distress.</p>	<ul style="list-style-type: none"> • 10% case fatality even with adequate and timely treatment.
<p>Whooping cough (Pertussis) – a highly contagious bacterial infection causing whooping cough and vomiting.</p>	<ul style="list-style-type: none"> • 90% risk of contracting pertussis for non-immune infants. • 20% of all adults and adolescents may be infected at one time. • 0.1-0.3% risk of permanent neurological damage for patients with paroxysmal cough. • Case fatality of 0.05% in hospitalised infants.
<p>Polio - Highly contagious gastrointestinal infection of which humans are the only reservoir.</p>	<ul style="list-style-type: none"> • While many infections cause no symptoms, about 1 in 20 hospitalised patients will die and half of all surviving patients will be permanently paralysed.
<p>Hepatitis B is a serious disease caused by a virus that attacks the liver.</p>	<ul style="list-style-type: none"> • Hepatitis B can be passed on to others (by blood or unprotected sex). Babies can catch Hepatitis B from their mothers before or during the birth. Hepatitis B can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Children who catch Hepatitis B tend to be less ill initially than adults who catch it, but get more long term problems later in life.
<p>Hib disease contagious bacteria spread by droplets, causes meningitis, epiglottitis, septicaemia, osteomyelitis.</p>	<ul style="list-style-type: none"> • About 5% of meningitis patients die and 1 in 4 survivors have permanent brain or nerve damage. • About 1% of epiglottitis patients die.

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