

Colorado Immunization Manual

SECTION 10

Simultaneous Administration



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SUBJECT: SIMULTANEOUS ADMINISTRATION

Simultaneous Administration of Vaccines

There are no contraindications to simultaneous administration of any vaccines.

Simultaneous administration of all vaccines for which a child is eligible is very important because it increases the probability that a child will be fully immunized at the appropriate age.

INDIVIDUAL VACCINES SHOULD NOT BE MIXED IN THE SAME SYRINGE UNLESS THEY ARE LICENSED FOR MIXING BY THE FDA (as described in package inserts).

Non-simultaneous Administration of Live Vaccines

(from MMWR December 1, 2006; 55 [RR-15])

TABLE 2. Guidelines for spacing of live and inactivated antigens

Antigen combination	Recommended minimum interval between doses
Two or more inactivated*	Can be administered simultaneously or at any interval between doses
Inactivated and live	Can be administered simultaneously or at any interval between doses
Two or more live intranasal or injectable†	4-week minimum interval, if not administered simultaneously

* Certain experts suggest a 1-month interval between tetanus toxoid, reduced diphtheria toxoid, and reduced acellular pertussis vaccine and quadrivalent meningococcal conjugate vaccine if they are not administered simultaneously.

† Live oral vaccines (e.g., Ty21a typhoid vaccine and rotavirus vaccine) can be administered simultaneously or at any interval before or after inactivated or live injectable vaccines.

Source: American Academy of Pediatrics. Pertussis. In: Pickering LK, Backer, CJ, Long SS, McMillan J, eds., Red Book: 2006 Report of the Committee on Infectious Diseases. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics.