

# APPENDIX I

## United States Vaccine Names

### United States Vaccines

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
Adenovirus	Adenovirus Type 4 & Type 7	N/A	Teva Pharmaceutical Industries Ltd.	Oral (2 Tablets)	1	17-50 years	Live: Approved for military populations; not approved for pregnant women
Anthrax	BioThrax®	AVA	Emergent BioSolutions	IM	3	18-65 years	Cell-free filtrate from avirulent strain, Adj.
Cholera	Vaxchora™†	N/A	Emergent BioSolutions	Oral (Liquid)	1	18-64 years	Live Attenuated
DTaP	Daptacel®	DTaP	Sanofi	IM	5	6 weeks-6 years	Inactivated, Adj.
	Infanrix™	DTaP	GlaxoSmithKline	IM	5	6 weeks-6 years	Inactivated, Adj.
DT	N/A (Generic)	DT	Sanofi	IM	5	6 weeks-6 years	Inactivated, Adj.: Use when pertussis is contraindicated
<i>Haemophilus influenzae type b (Hib)</i>	ActHIB®	Hib (PRP-T)	Sanofi	IM	4	2 months-5 years	Inactivated (Tetanus toxoid conjugate)
	Hiberix™	Hib (PRP-T)	GlaxoSmithKline	IM	4	6 weeks- 4 years	Inactivated (Tetanus toxoid conjugate)
	PedvaxHIB®	Hib (PRP-OMP)	Merck	IM	3	2-71 months	Inactivated, Adj. (Meningococcal conjugate)
Hepatitis A	Havrix™	HepA	GlaxoSmithKline	IM	2	Pediatric: 12 months-18 years; Adult: ≥19 years	Inactivated, Adj.
	Vaqta®	HepA	Merck	IM	2	Pediatric: 12 months-18 years; Adult: ≥19 years	Inactivated, Adj.
Hepatitis B	Engerix-B™	HepB	GlaxoSmithKline	IM	3	Pediatric: Birth-19 years Adult: ≥20 years	Recombinant, Adj.
	Recombivax HB®	HepB	Merck	IM	3	Pediatric: Birth-19 years Adult: ≥20 years	Recombinant, Adj.
	Heplisav-B®	HepB	Dynavax Technologies	IM	2	≥18 years	Recombinant, Adj.
Herpes Zoster (Shingles)	Shingrix™	RZV	GlaxoSmithKline	IM	2	≥50 years	Recombinant, Adj.

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
<b>Human Papillomavirus (HPV)</b>	Gardasil® 9	9vHPV	Merck	IM	2 or 3	9-45 years	Recombinant, Adj. ACIP recommends 9-26 years
<b>Influenza*</b>	Afluria Quadrivalent®	IIV4	Seqirus	IM	1 or 2	≥6 months	Inactivated
	Fluad® Quadrivalent	aIIV4	Seqirus	IM	1	≥65 years	Inactivated, Adj.
	Fluarix™ Quadrivalent	IIV4	GlaxoSmithKline	IM	1 or 2	≥6 months	Inactivated
	Flublok® Quadrivalent	RIV4	Sanofi	IM	1	≥18 years	Recombinant, Egg-Free
	Flucelvax® Quadrivalent	ccIIV4	Seqirus	IM	1 or 2	≥2 years	Cell-culture, Egg-free
	FluLaval™ Quadrivalent	IIV4	GlaxoSmithKline	IM	1 or 2	≥6 months	Inactivated
	FluMist® Quadrivalent	LAIV4	AstraZeneca	Intranasal	1 or 2	2-49 years	Live Attenuated
	Fluzone® Quadrivalent	IIV4	Sanofi	IM	1 or 2	≥6 months	Inactivated
	Fluzone® High-Dose Quadrivalent	HD-IIV4	Sanofi	IM	1	≥65 years	Inactivated
<b>Japanese encephalitis</b>	Ixiaro®	JE	Valneva	IM	2	≥2 months	Inactivated, Adj.
<b>Measles, Mumps, Rubella</b>	M-M-R® II	MMR	Merck	SC	2	≥12 months	Live Attenuated
<b>Meningococcal (serogroups A, C, W, and Y)</b>	Menactra®	MenACWY-D	Sanofi	IM	2	9 months-55 years	Inactivated (Polysaccharide diphtheria toxoid conjugate)
	Menquadfi™	MenACWY-TT	Sanofi	IM	2	≥2 years	Inactivated (Polysaccharide tetanus toxoid conjugate)
	Menveo™	MenACWY-CRM	GlaxoSmithKline	IM	2	2 months-55 years	Inactivated (Polysaccharide CRM <sub>197</sub> conjugate)
<b>Meningococcal (serogroup B)</b>	Trumenba®	MenB-FHbp	Pfizer	IM	2 or 3	10-25 years	Recombinant, Adj.
	Bexsero™	MenB-4C	GlaxoSmithKline	IM	2	10-25 years	Recombinant, Adj.

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
Pneumococcal	Pneumovax® 23	PPSV23	Merck	IM or SC	1	≥2 years	Inactivated Polysaccharide
	Prevnar 13®	PCV13	Pfizer	IM	4 (pediatric) 1 (adult)	Pediatric: ≥6 weeks Adult: >65 years	Inactivated, Adj. (CRM <sub>197</sub> conjugate)
Polio	Ipol®	IPV	Sanofi	IM or SC	4	≥6 weeks	Inactivated
Rabies	Imovax®	N/A	Sanofi	IM	2-3 (pre-exposure) 4 (post-exposure)	All ages	Inactivated
	RabAvert®	N/A	Bavarian Nordic	IM	2-3 (pre-exposure) 4 (post-exposure)	All ages	Inactivated
Rotavirus	RotaTeq®	RV5	Merck	Oral (Liquid)	3	6-32 weeks	Live, Pentavalent
	Rotarix™	RV1	GlaxoSmithKline	Oral (Liquid)	2	6-24 weeks	Live, Monovalent
Tetanus, (reduced) Diphtheria	Tenivac®	Td	Sanofi	IM	1 (Every 10 years)	≥7 years	Inactivated, Adj.
	TdVax™	Td	Massachusetts Biological Labs	IM	1 (Every 10 years)	≥7 years	Inactivated, Adj.
Tetanus, (reduced) Diphtheria, (reduced) Pertussis	Boostrix™	Tdap	GlaxoSmithKline	IM	1	≥10 years	Inactivated, Adj.
	Adacel®	Tdap	Sanofi	IM	1	10-64 years	Inactivated, Adj.
Typhoid	Typhim Vi®	N/A	Sanofi	IM	1	≥2 years	Inactivated Polysaccharide
	Vivotif®	N/A	Emergent BioSolutions	Oral (Capsules)	4	≥6 years	Live Attenuated
Varicella	Varivax®	VAR	Merck	SC	2	≥12 months	Live Attenuated
Smallpox (Vaccinia)	ACAM2000®	—	Emergent BioSolutions	Percutaneous	1	All ages	Live Attenuated
Smallpox and Monkeypox	JYNNEOS®	—	Bavarian Nordic	SC	2	≥18 years	Live, Non-replicating
Yellow Fever	YF-Vax®	YF	Sanofi	SC	1	≥9 months	Live Attenuated

The abbreviations on this table (Column 3) were standardized jointly by staff of the Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices (ACIP) Work Groups, the editor of the Morbidity and Mortality Weekly Report (MMWR), the editor of Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book), ACIP members, and liaison organizations to the ACIP. These abbreviations are intended to provide a uniform approach to vaccine references used in ACIP Recommendations and Policy Notes published in the MMWR, the Pink Book, and the American Academy of Pediatrics Red Book, and in the U.S. immunization schedules for children, adolescents, and adults. In descriptions of combination vaccines, a hyphen (-) indicates products in which the active components are supplied in their final (combined) form by the manufacturer; a slash (/) indicates products in which active components must be mixed by the user.

“Doses in a Routine Series” (Column 6) reflects doses administered to a healthy patient at the recommended ages. It does not necessarily reflect schedules for patients with health conditions or other high-risk factors, alternative schedules, catch-up schedules, or booster doses not part of an initial series. For some combination vaccines, this column represents the routine number of doses for that product, and not necessarily the total number of doses in a complete series for the components. (For example, Kinrix or Quadracel may be used for only 1 dose of multi-dose DTaP and IPV series.)

“Adj.” in the “Comments” column indicates that the vaccine contains an adjuvant.

A hyphen in an age range means “through” (i.e., “6 weeks-6 years” means 6 weeks through 6 years [to the 7th birthday]).

\*All influenza vaccines in this table are 2021-2022 northern hemisphere formulations. For the most current recommendations on influenza, see: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>

†May be limited in supply as manufacturer has temporarily stopped production

## United States Combination Vaccines

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
<b>DTaP, Polio</b>	Kinrix™	DTaP-IPV	GlaxoSmithKline	IM	1	4-6 years	Inactivated, Adj.: Approved as 5th DTaP and 4th IPV.
	Quadracel®	DTaP-IPV	Sanofi	IM	1	4-6 years	Inactivated, Adj.: Approved as 5th DTaP and 4th IPV.
<b>DTaP, hepatitis B, Polio</b>	Pediarix™	DTaP-HepB-IPV	GlaxoSmithKline	IM	3	6 weeks-6 years	Inactivated, Adj.: Approved for 2, 4, 6 month doses.
<b>DTaP, Polio, Haemophilus influenzae type b</b>	Pentacel®	DTaP-IPV/Hib	Sanofi	IM	4	6 weeks-4 years	4 Inactivated, Adj.: Approved for 2, 4, 6, 15-18 month doses.
<b>DTaP, Polio, Haemophilus influenzae type b, hepatitis B</b>	Vaxelis™	DTaP-IPV-Hib-HepB	Sanofi	IM	3	6 weeks-4 years	Inactivated, Adj.: Approved for 2, 4, 6 month doses.
<b>Hepatitis A, Hepatitis B</b>	Twinrix™	HepA-HepB	GlaxoSmithKline	IM	3	≥18 years	Inactivated/Recombinant, Adj. Pediatric HepA + Adult HepB
<b>Measles, Mumps, Rubella, Varicella</b>	ProQuad®	MMRV	Merck	SC	2	12 months-12 years	Live Attenuated

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“Doses in a Routine Series” (Column 6) reflects doses administered to a healthy patient at the recommended ages. It does not necessarily reflect schedules for patients with health conditions or other high-risk factors, alternative schedules, catch-up schedules, or booster doses not part of an initial series. For some combination vaccines, this column represents the routine number of doses for that product, and not necessarily the total number of doses in a complete series for the components. (For example, Kinrix or Quadracel may be used for only 1 dose of multi-dose DTaP and IPV series.)

“Adj.” in the “Comments” column indicates that the vaccine contains an adjuvant.

A hyphen in an age range means “through” (i.e., “6 weeks-6 years” means 6 weeks through 6 years [to the 7th birthday]).

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