Vaccine Label Examples

Staff can easily confuse the vaccines within the storage units. Labeling the area where vaccines are stored can help staff quickly locate and choose the correct vaccine—perhaps preventing a vaccine administration error. Depending on how the vaccines are organized within the storage unit, labels can be placed on the containers or bins or directly attached to the shelves where the vaccines are placed. Other helpful strategies include color coding the labels (e.g., one color for pediatric and another for adult vaccines) and including additional information such as age indications, gender or other information unique to the vaccine can help prevent vaccine administration errors.

In addition, some vaccines must be reconstituted before administration. These vaccines have two components—a lyophilized vaccine and diluent that must be mixed together. The lyophilized vaccine should only be reconstituted or mixed using the diluent supplied by the manufacturer. Consider posting reminders or labeling the vaccines to remind staff to reconstitute certain vaccines prior to administration.

The following labels are examples that may be used to help organize vaccines. Labels are based on recommendations from the Advisory Committee on Immunization Practices (ACIP) and may include use of a vaccine in a manner recommended by ACIP, but not approved by the Food and Drug Administration.
### Diphtheria toxoid – Tetanus toxoid - and acellular Pertussis-Containing Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Ages</th>
<th>Use for</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DTaP</strong></td>
<td>6 weeks through 6 years</td>
<td>Any dose in the series</td>
<td>Intramuscular (IM) injection</td>
</tr>
<tr>
<td><strong>DTaP-IPV (KINRIX)</strong></td>
<td>4 years through 6 years</td>
<td>DTaP dose #5, IPV dose #4</td>
<td>Intramuscular (IM) injection</td>
</tr>
<tr>
<td><strong>DTaP-IPV-HepB (Pediarix)</strong></td>
<td>6 weeks through 6 years</td>
<td>DTaP &amp; IPV: Doses 1, 2, and/or 3, HepB: Any dose in series</td>
<td>Intramuscular (IM) injection</td>
</tr>
<tr>
<td><strong>DTaP-IPV/Hib (Pentacel)</strong></td>
<td>6 weeks through 4 years</td>
<td>DTaP &amp; IPV Doses 1, 2, 3, and/or 4, Hib: Any dose in the series</td>
<td>Intramuscular (IM) injection</td>
</tr>
</tbody>
</table>

**DTaP-IPV-HepB (Pediarix)**:
- **Use for**: DTaP & IPV: Doses 1, 2, and/or 3, HepB: Any dose in series
- **Route**: Intramuscular (IM) injection

**Do NOT use for the HepB birth dose**

**DTaP-IPV/Hib (Pentacel)**:
- **Use for**: DTaP & IPV Doses 1, 2, 3, and/or 4, Hib: Any dose in the series
- **Route**: Intramuscular (IM) injection

**Reconstitute before using**

**ONLY use the manufacturer supplied diluent**

**Beyond Use Time**: Store appropriately and use within 30 minutes of reconstitution
**Haemophilus influenzae type b-Containing Vaccines**

**Hib (PedvaxHIB)**
- **Ages:** 6 weeks through 4 years
- **Use for:** Any dose in the series
- **Route:** Intramuscular (IM) injection

**Hib (ActHIB)**
- **Ages:** 6 weeks through 4 years
- **Use for:** Any dose in the series
- **Route:** Intramuscular (IM) injection
  - **Reconstitute before using**
  - **ONLY use the manufacturer supplied diluent**
  - **Beyond Use Time:** Store appropriately and use within 24 hours of reconstitution

**Hib-HepB (Comvax)**
- **Ages:** 6 weeks through 4 years
- **Use for:** 
  - Hib - Any dose in the series
  - HepB - Any dose in the series
  - **Do NOT use for the HepB birth dose**
- **Route:** Intramuscular (IM) injection

**Hib (Hiberix)**
- **Ages:** 12 months through 4 years
- **Use for:** Booster (final) dose only
  - **Do NOT use for primary series doses**
- **Route:** Intramuscular (IM) injection
  - **Reconstitute before using**
  - **ONLY use the manufacturer supplied diluent**
  - **Beyond Use Time:** Store appropriately and use within 24 hours of reconstitution
Hepatitis Vaccines

**HepA—Pediatric Formulation**

**Ages:** 12 months through 18 years  
**Use for:** Any dose in the series  
**Route:** Intramuscular (IM) injection

**HepB—Pediatric Formulation**

**Ages:** Birth through 19 years  
**Use for:** Any dose in the series  
**Route:** Intramuscular (IM) injection
Hepatitis Vaccines

**HepA—Adult Formulation**
- **Ages:** 19 years and older
- **Use for:** Any dose in the series
- **Route:** Intramuscular (IM) injection

**HepB—Adult Formulation**
- **Ages:** 20 years and older
- **Use for:** Any dose in the series
- **Route:** Intramuscular (IM) injection

**HepA-HepB (Twinrix)**
- **Ages:** 18 years and older
- **Contains:**
  - HepA = Pediatric dosage
  - HepB = Adult dosage
- **Schedule:** 0, 1 and 6 months
- **Route:** Intramuscular (IM) injection
Human Papillomavirus Vaccines

**HPV2 (Cervarix)**
- Administer to females only
- **Recommended ages**: 11 years to 12 years
- **Catch-up ages**: 13 years through 26 years
- **Route**: Intramuscular (IM) injection

**HPV4 (Gardasil)**
- Administer to females and males
- **Recommended ages**: 11 years to 12 years
- **Catch-up ages**: 13 years through 26 years
- **Route**: Intramuscular (IM) injection
LAIV (FluMist)

Ages: 2 years through 49 years
Give to: Healthy persons who are
  • not pregnant or
  • do not have a high-risk condition
Route: Intranasal (NAS) spray

Do NOT Inject
Influenza Vaccines

**IIV**
*(Inactivated Influenza Vaccine)*

- **Ages:** 6 months and older
- **Dosage:**
  - 0.25 mL 6 months through 35 months
  - 0.5 mL 3 years and older
- **Route:** Intramuscular (IM) injection

**IIV Intradermal**
*(Inactivated Influenza Vaccine)*

- **Ages:** 18 years through 64 years
- **Dosage:** 0.1 mL
- **Route:** Intradermal (ID); Use manufacturer-filled microinjection syringe to administer vaccine in deltoid region

**IIV High Dose**
*(Inactivated Influenza Vaccine)*

- **Ages:** 65 years and older
- **Dosage:** 0.5 mL
- **Route:** Intramuscular (IM) injection

**IIV**
*(Inactivated Influenza Vaccine)*

- **Ages:**
- **Dosage:**
- **Route:** Intramuscular (IM) injection

(Product Name)
Measles Mumps Rubella Vaccine

**MMR (M-M-R II)**

**Ages:** 12 months and older  
**Use for:** Any dose in the series  
**Route:** Subcutaneous (subcut) injection

*Reconstitute before using  
*ONLY use the manufacturer supplied diluent

*Beyond Use Time: Store appropriately and use within 8 hours of reconstitution*
## Meningococcal Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Ages</th>
<th>Use for</th>
<th>Route</th>
<th>Additional Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCV4 (Menactra)</td>
<td>9 months through 55 years</td>
<td>Any dose in the series</td>
<td>Intramuscular (IM) injection</td>
<td></td>
</tr>
</tbody>
</table>
| MPSV4 (Menomune) | 56 years and older     | Any dose                 | Subcutaneous (subcut) injection | Reconstitute before using  
ONLY use the manufacturer supplied diluent  
Beyond Use Time/Date: Store appropriately and use within  
Single-dose Vial: 30 minutes of reconstitution  
Multidose Vial: 35 days of reconstitution   |
| MCV4 (Menveo)    | 2 years through 55 years | Any dose in the series    | Intramuscular (IM) injection | Reconstitute before using  
ONLY use the manufacturer supplied diluent  
Beyond Use Time: Store appropriately and use within 8 hours of reconstitution   |
| Hib-MenCY (MenHibrix) | 6 weeks through 18 months of age | High-risk children  | Intramuscular (IM) injection | Reconstitute before using  
ONLY use the manufacturer supplied diluent  
Beyond Use Time: Store appropriately and use immediately after reconstitution |
<table>
<thead>
<tr>
<th><strong>Pneumococcal Vaccines</strong></th>
<th><strong>Poliovirus Vaccine</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCV13 (Prevnar 13)</strong></td>
<td><strong>IPV</strong></td>
</tr>
<tr>
<td><strong>All children:</strong> 6 weeks through 5 years of age</td>
<td><strong>Ages:</strong> 6 weeks and older</td>
</tr>
<tr>
<td><strong>High-risk children:</strong> 6 years through 18 years of age</td>
<td><strong>Use for:</strong> Any dose in the series</td>
</tr>
<tr>
<td><strong>High-risk adults:</strong> 19 years of age and older</td>
<td><strong>Route:</strong> Intramuscular (IM) injection OR Subcutaneous (subcut) injection</td>
</tr>
<tr>
<td><strong>Route:</strong> Intramuscular (IM) injection</td>
<td><strong>PPSV23 (Pneumovax 23)</strong></td>
</tr>
<tr>
<td><strong>Healthy adults:</strong> 65 years of age and older</td>
<td><strong>High-risk persons:</strong> 2 years through 64 years of age</td>
</tr>
<tr>
<td><strong>Route:</strong> Intramuscular (IM) injection OR Subcutaneous (subcut) injection</td>
<td></td>
</tr>
</tbody>
</table>
### Rotavirus Vaccines

<table>
<thead>
<tr>
<th>RV1 (ROTARIX)</th>
<th>RV5 (RotaTeq)</th>
</tr>
</thead>
</table>
| **Ages:** 6 weeks through 8 months 0 days  
  Maximum age for 1st dose is 14 weeks 6 days  
  Maximum age for any dose is 8 months 0 days  
  **Route:** Oral (PO)  
  *Reconstitute before using*
  *ONLY use the manufacturer supplied diluent*
  *Beyond Use Time: Store appropriately and use within 24 hours of reconstitution*
  *Do NOT inject*  | **Ages:** 6 weeks through 8 months 0 days  
  Maximum age for 1st dose is 14 weeks 6 days  
  Maximum age for any dose is 8 months 0 days  
  **Route:** Oral (PO)  
  *Do NOT inject*  |

### Tetanus Toxoid Vaccine

<table>
<thead>
<tr>
<th>TT</th>
<th></th>
</tr>
</thead>
</table>
| **Ages:** 7 years and older  
  **Route:** Intramuscular (IM) injection  
  *Use this vaccine ONLY if:*
  *the patient needs a tetanus toxoid-containing vaccine and has a severe life–threatening allergy to Td or Tdap OR Td or Tdap is not available* |
# Tetanus toxoid- and Diphtheria toxoid-Containing Vaccines

**Td**

<table>
<thead>
<tr>
<th>Ages:</th>
<th>7 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use for:</td>
<td>Primary series &amp; booster doses</td>
</tr>
<tr>
<td>Route:</td>
<td>Intramuscular (IM) injection</td>
</tr>
</tbody>
</table>

**DT**

<table>
<thead>
<tr>
<th>Ages:</th>
<th>6 weeks through 6 years</th>
</tr>
</thead>
</table>
| Use for:    | Primary series & booster doses
*ONLY for children with a contraindication or precaution to pertussis vaccine* |
| Route:      | Intramuscular (IM) injection |

# Tetanus toxoid, Diphtheria toxoid and acellular pertussis Vaccine

**Tdap**

<table>
<thead>
<tr>
<th>Ages:</th>
<th>7 through 10 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use for:</td>
<td>A single dose if not fully vaccinated for pertussis</td>
</tr>
<tr>
<td>Ages:</td>
<td>11 years and older</td>
</tr>
</tbody>
</table>
| Use for:    | A single dose*
*Administer Tdap to women during each pregnancy regardless of previous Tdap vaccination history |
| Route:      | Intramuscular (IM) injection |
VAR (Varivax)
Ages: 12 months and older
Use for: Any dose in the series
Route: Subcutaneous (subcut) injection

Reconstitute before using
ONLY use the manufacturer supplied diluent
Beyond Use Time: Store appropriately and use within 30 minutes of reconstitution

MMRV (ProQuad)
Ages: 12 months through 12 years
Use for: Any dose in the series
Route: Subcutaneous (subcut) injection

Reconstitute before using
ONLY use the manufacturer supplied diluent
Beyond Use Time: Store appropriately and use within 30 minutes of reconstitution

HZV (Zostavax)
Recommended ages: 60 years and older
Use for: Single dose
Route: Subcutaneous (subcut) injection

Reconstitute before using
ONLY use the manufacturer supplied diluent
Beyond Use Time: Store appropriately and use within 30 minutes of reconstitution
Reconstituted Vaccines

**DTaP-IPV/HIB (Pentacel)**
- Lyophilized vaccine
- Manufacturer’s vaccine diluent
- Pentacel vaccine

Beyond Use Time: Store appropriately and use within 30 minutes of reconstitution

**Hib (ActHIB)**
- Lyophilized vaccine
- Manufacturer’s supplied diluent
- ActHIB vaccine

Beyond Use Time: Store appropriately and use within 24 hours of reconstitution

**MMR (M-M-R II)**
- Lyophilized vaccine
- Manufacturer’s supplied diluent
- M-M-R II vaccine

Beyond Use Time: Store appropriately and use within 8 hours of reconstitution

**Hib (Hiberix)**
- Lyophilized vaccine
- Manufacturer’s supplied diluent
- Hiberix vaccine

Beyond Use Time: Store appropriately and use within 24 hours of reconstitution
Reconstituted Vaccines

**MCV4 (Menveo)**

Lyophilized vaccine + Manufacturer’s vaccine diluent = Menveo vaccine

Beyond Use Time: Store appropriately and use within 8 hours of reconstitution

**MPSV4 (Menomune)**

Lyophilized vaccine + Manufacturer’s supplied diluent = Menomune vaccine

Beyond Use Time: Store appropriately and use within 8 hours of reconstitution

**Hib-MenCY (MenHibrix)**

Lyophilized vaccine + Manufacturer’s supplied diluent = MenHibrix vaccine

Beyond Use Time: Store appropriately and use immediately after reconstitution

**RV1 (ROTARIX)**

Lyophilized vaccine + Manufacturer’s supplied diluent = ROTARIX vaccine

Beyond Use Time: Store appropriately and use within 24 hours of reconstitution

Image NOT Currently Available
Reconstituted Vaccines

VAR (Varivax)
- Lyophilized vaccine
- Manufacturer’s supplied diluent
- Varivax vaccine
- Beyond Use Time: Store appropriately and use within 30 minutes of reconstitution

HZV (Zostavax)
- Lyophilized vaccine
- Manufacturer’s supplied diluent
- Zostavax vaccine
- Beyond Use Time: Store appropriately and use within 30 minutes of reconstitution

MMRV (ProQuad)
- Lyophilized vaccine
- Manufacturer’s supplied diluent
- ProQuad vaccine
- Beyond Use Time: Store appropriately and use within 30 minutes of reconstitution