

PEDIATRIC VACCINATION SCHEDULE- IAP

AGE (Completed weeks/months/years)	VACCINES	COMMENTS
Birth	BCG OPV 0 Hep-B 1	Administer these vaccines to all newborns before hospital discharge.
6 weeks	DTwP 1 IPV 1 Hep-B 2 Hib 1 Rotavirus 1 PCV 1	<p>DTP:</p> <ul style="list-style-type: none"> - DTaP vaccine/combinations should preferably be avoided for the primary series - DTaP vaccine/combinations should be preferred in certain specific circumstances/conditions only - No need of repeating/giving additional doses of whole- cell pertussis (wP) vaccine to a child who has earlier completed their primary schedule with acellular pertussis (aP) vaccine-containing products <p>POLIO:</p> <ul style="list-style-type: none"> - All doses of IPV may be replaced with OPV if administration of the former is unfeasible - Additional doses of OPV on all supplementary immunization activities (SIAs) - Two doses of IPV instead of 3 for primary series if started at 8 weeks, and 8 weeks interval between the doses - No child should leave the facility without polio immunization (IPV or OPV), if indicated by the schedule <p>Rotavirus:</p> <ul style="list-style-type: none"> - 2 doses of RV1 and 3 doses of RV5 & RV 116E - RV1 should be employed in 10 & 14 week schedule, 10 & 14 week schedule of RV1 is found to be more immunogenic than 6 & 10 week schedule
10 weeks	DTwP 2 IPV 2 Hib 2 Rotavirus 2 PCV 2	<p>Rotavirus:</p> <ul style="list-style-type: none"> - If RV1 is chosen, the first dose should be given at 10 weeks
14 weeks	DTwP 3 IPV 3 Hib 3 Rotavirus 3 PCV 3	<p>Rotavirus:</p> <ul style="list-style-type: none"> - Only 2 doses of RV1 are recommended. - If RV1 is chosen, the 2nd dose should be given at 14 weeks
6 Months	OPV 1 Hep-B 3	<p>Hepatitis-B:</p> <p>The final (3rd or 4th) dose in the HepB vaccine series should be administered no earlier than age 24 weeks and at least 16 weeks after the first dose.</p>
9 Months	OPV 2 MMR-1	<p>MMR:</p> <ul style="list-style-type: none"> - Measles-containing vaccine ideally should not be administered before completing 270 days or 9 months of life; - The 2nd dose must follow in 2nd year of life; - No need to give stand-alone measles vaccine
9 -12 Months	Typhoid Conjugate Vaccine	<ul style="list-style-type: none"> - Currently, two typhoid conjugate vaccines, Typbar-TCV® and PedaTyph® available in Indian market; either can be used - An interval of at least 4 weeks with the MMR vaccine should be maintained while administering this vaccine
12 Months	Hep-A 1	<p>Hepatitis A:</p> <ul style="list-style-type: none"> - Single dose for live attenuated H2-strain Hep-A vaccine - Two doses for all inactivated Hep-A vaccines are recommended
15 Months	MMR 2 Varicella 1 PCV booster	<p>MMR:</p> <ul style="list-style-type: none"> - The 2nd dose must follow in 2nd year of life - However, it can be given at anytime 4-8 weeks after the 1st dose <p>Varicella:</p> <ul style="list-style-type: none"> - The risk of breakthrough varicella is lower if given 15 months onwards
16 - 18 Months	DTwP B1/DTaP B1 IPV B1 Hib B1	<p>The first booster (4thth dose) may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.</p> <ul style="list-style-type: none"> - 1st & 2nd boosters should preferably be of DTwP - Considering a higher reactogenicity of DTwP, DTaP can be considered for the boosters
18 Months	Hep-A 2	Hepatitis A: 2nd dose for inactivated vaccines only
2 Years	Booster of Typhoid Conjugate Vaccine	<ul style="list-style-type: none"> - A booster dose of Typhoid conjugate vaccine (TCV), if primary dose is given at 9-12 months - A dose of Typhoid Vi-polysaccharide (Vi-PS) vaccine can be given if conjugate vaccine is not available or feasible; - Revaccination every 3 years with Vi-polysaccharide vaccine - Typhoid conjugate vaccine should be preferred over Vi- PS vaccine
4 - 6 Years	DTwP B2/DTaP B2 OPV 3 Varicella 2 MMR 3	<p>Varicella: the 2nd dose can be given at anytime 3 months after the 1st dose.</p> <p>MMR: the 3rd dose is recommended at 4-6 years of age.</p>
10 - 12 Years	Tdap/Td HPV	<p>Tdap: is preferred to Td followed by Td every 10 years</p> <p>HPV:</p> <ul style="list-style-type: none"> - Only 2 doses of either of the two HPV vaccines for adolescent/preadolescent girls aged 9-14 years; - For girls 15 years and older, and immunocompromised individuals 3 doses are recommended - For two-dose schedule, the minimum interval between doses should be 6 months. - For 3 dose schedule, the doses can be administered at 0, 1-2 (depending on brand) and 6 months