** IAPCOI recommended immunization schedule for persons aged 7 through 18 years, 2012 (with range)**

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| --- | --- | --- | --- | --- |
| **Age ►**  **Vaccine** ▼ | **7-10 years** | **11-12 years** | **13-18 years** | |
| **Tdap**1 | **1 dose (if indicated)** | **1 dose** | **1 dose (if indicated)** | |
| **HPV**2 | **See footnote**2 | **3 doses** | **Complete 3-dose series** | |
| **MMR**3 | **Complete 2-dose series** | | | |
| **Varicella**4 | **Complete 2-dose series** | | | |
| **Hepatitis B** 5 | **Complete 3-dose series** | | | |
| **Hepatitis A** 6 | **Complete 2-dose series** | | | |
| **Typhoid**7 | **1 dose every 3 years** | | | |
| **Influenza Vaccine** 8 | **One dose every year** | | | |
| **Japanese Encephalitis Vaccine**9 | **Catch-up up to 15 years** | | |  |
| **Pneumococcal Vaccine**10 | **See footnote** 10 | | | |
| **Meningococcal Vaccine**11 | **See footnote** 11 | | | |

Range of recommended ages for all children Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines.

1- **Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine**

* Minimum age: 10 years for Boostrix and 11 years for Adacel
* Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
* Tdap vaccine should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years.
* Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid–containing vaccine.
* Catch up above 7 years: Tdap, Td, Td at 0, 1 and 6 months.
* Tdap can also be administered safely to pregnant women.

2- **Human papillomavirus (HPV) vaccines**

* HPV4 [Gardasil] and HPV2 [Cervarix]
* Minimum age: 9 years
* Either HPV4 (0, 2, 6 months) or HPV2 (0, 1, 6 months) is recommended in a 3-dose series for females aged 11 or 12 years.
* HPV4 can also be given in a 3-dose series for males aged 11 or 12 years.
* The vaccine series can be started beginning at age 9 years.
* Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).

3- **Measles, mumps, and rubella (MMR) vaccine.**

* The minimum interval between the 2 doses of MMR vaccine is 4 weeks.
* One dose if previously vaccinated with one dose

4. **Varicella (VAR) vaccine.**

* For persons without evidence of immunity, administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
* For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
* For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

**5.** **Hepatitis B (HepB) vaccine.**

* Administer the 3-dose series to those not previously vaccinated.
* For those with incomplete vaccination, the recommended minimum interval between dose 1 and dose 2 is 4 weeks, and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered at least 16 weeks after the first dose.

**6. Hepatitis A (Hep A) vaccine.**

* Administer 2 doses at least 6 months apart to unvaccinated persons.
* For catch up vaccination, pre vaccination screening for Hepatitis A antibody is recommended in children older than 10 years as at this age the estimated sero-positive rates exceed 50%.
* Combination of Hep B and Hep A may be used in 0, 1, 6 schedule

**7. Typhoid vaccine.**

* Only Vi-PS (polysaccharide) vaccine is recommended
* Vi-PS conjugate vaccine: data not sufficient to recommend for routine use of currently available vaccine
* A minimum interval of 3 years should be observed between 2 doses of typhoid vaccine

**8. Influenza Vaccine.**

* Administer 1 dose to persons aged 9 years and older.
* For children aged 6 months through 8 years:
* For the 2012 season, administer 2 doses (separated by at least 4 weeks) to those who did not receive at least 1 dose of the 2010–11 vaccine. Those who received at least 1 dose of the 2010–11 vaccine require 1 dose for the 2011–12 season.
* Annual revaccination with single dose.
* Best time to vaccinate: as soon as the new vaccine is released and available in the market & just before the onset of rainy season;

**9. Japanese Encephalitis Vaccine.**

* Only in endemic area as catch up
* Currently no type of JE vaccine available in private Indian market
* Live attenuated, cell culture derived SA-14-14-2 JE vaccine should be preferred,
* Dose: 0.5 ml, SC, single dose up to 15 yrs

**10. Pneumococcal Vaccines.**

* Pneumococcal conjugate vaccine [PCV] and pneumococcal polysaccharide vaccine [PPSV] both are used in certain high risk group of children.
* A single dose of PCV may be administered to children aged 6 through 18 years who have anatomic/functional asplenia, HIV infection or other immunocompromising condition, cochlear implant, or cerebral spinal fluid leak.
* Administer PPSV at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.
* A single re-vaccination (with PPSV) should be administered after 5 years to children with anatomic/functional asplenia or an immunocompromising condition.

**11. Meningococcal Vaccine.**

* Recommended only for certain high risk group of children, during outbreaks, travelers to endemic areas, and students going for study abroad.
* Only meningococcal polysaccharide vaccine (MPSV) is available
* Minimum age: 2 years;
* Dose schedule: a single dose 0.5 ml SC/ IM is recommended
* Revaccination only once after 3 yrs in those at continued high risk