**Table I. IAP Immunization Timetable 2016**

**I. IAP recommended vaccines for routine use**

|  |  |  |
| --- | --- | --- |
| **Age****(completed weeks/months/years)** | **Vaccines** | **Comments** |
| Birth  | BCGOPV 0Hep-B 1 | Administer these vaccines to all newborns before hospital discharge |
| 6 weeks | DTwP 1IPV 1Hep-B 2Hib 1Rotavirus 1PCV 1 | **DTP:*** 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

**Polio:*** 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
* See footnotes under figure titled IAP recommended immunization schedule (with range) for recommendations on intradermal IPV

**Rotavirus:** * 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 2IPV 2Hib 2Rotavirus 2PCV 2 | **Rotavirus:** If RV1 is chosen, the first dose should be given at 10 weeks |
| 14 weeks | DTwP 3IPV 3Hib 3Rotavirus 3PCV 3 | **Rotavirus:** * Only 2 doses of RV1 are recommended.
* If RV1 is chosen, the 2nd dose should be given at 14 weeks
 |
| 6 months | OPV 1Hep-B 3 | **Hepatitis-B:** 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. |
| 9 months | OPV 2MMR-1 | **MMR:*** 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 | * 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 | **Hepatitis A:** * Single dose for live attenuated H2-strain Hep-A vaccine
* Two doses for all inactivated Hep-A vaccines are recommended
 |
| 15 months | MMR 2Varicella 1PCV booster | **MMR:** * The 2nd dose must follow in 2nd year of life
* However, it can be given at anytime 4-8 weeks after the 1st dose

**Varicella:** The risk of breakthrough varicella is lower if given 15 months onwards |
| 16 to 18 months | DTwP B1/DTaP B1IPV B1Hib B1 | 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.**DTP:*** 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 | * 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 to 6 years | DTwP B2/DTaP B2OPV 3Varicella 2MMR 3 | **Varicella:** the 2nd dose can be given at anytime 3 months after the 1st dose.**MMR:** the 3rd dose is recommended at 4-6 years of age. |
| 10 to 12 years | Tdap/TdHPV  | **Tdap:** is preferred to Td followed by Td every 10 years**HPV:** * 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
 |

**II. IAP recommended vaccines for High-risk\* children (Vaccines under special circumstances) #:**

1-Influenza Vaccine
2-Meningococcal Vaccine
3-Japanese Encephalitis Vaccine
4-Cholera Vaccine
5-Rabies Vaccine

6-Yellow Fever Vaccine
7-Pneumococcal Polysaccharide vaccine (PPSV 23)

***\* High-risk category of children:***

* Congenital or acquired immunodeficiency (including HIV infection),
* Chronic cardiac, pulmonary (including asthma if treated with prolonged high-dose oral corticosteroids), hematologic, renal (including nephrotic syndrome), liver disease and diabetes mellitus
* Children on long term steroids, salicylates, immunosuppressive or radiation therapy
* Diabetes mellitus, Cerebrospinal fluid leak, Cochlear implant, Malignancies,
* Children with functional/ anatomic asplenia/ hyposplenia
* During disease outbreaks
* Laboratory personnel and healthcare workers
* Travelers
* Children having pets in home
* Children perceived with higher threat of being bitten by dogs such as hostellers, risk of stray dog menace while going outdoor.

# For details see footnotes under figure titled 'IAP recommended immunization schedule (with range)'