**‘IAP Immunization Timetable 2013’**

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

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| **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 | **DTP:**   * DTaP vaccine/combinations should preferably be avoided for the primary series * DTaP vaccine/combinations should be preferred in certain specific circumstances/conditions only   **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 your facility without polio immunization (IPV or OPV), if indicated by the schedule   **Rotavirus:**   * 2 doses of RV1 and 3 doses of RV5 * RV1 should be employed in 10 & 14 week schedule, instead of 6 & 10 week * 10 & 14 week schedule of RV1 is found to be far more immunogenic than existing 6 & 10 week schedule |
| 10 weeks | DTwP 2  IPV 2  Hib 2  \*Rotavirus 2 PCV 2 | **Rotavirus:**  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 | **Rotavirus:**   * Only 2 doses of RV1 are recommended at present. * If RV1 is chosen, the 2nd dose should be given at 14 weeks |
| 6 months | OPV 1  Hep-B 3 | **Hepatitis-B:** The final (third or fourth) 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 2  Measles | Measles vaccine ideally should not be administered before completing 270 days or 9 months of life |
| 12 months | Hep-A 1 | **Hepatitis A:** For both killed and live hepatitis-A vaccines, 2 doses are recommended as of now |
| 15 months | MMR 1  Varicella 1  PCV booster | **Varicella:** The risk of breakthrough varicella is lower if given 15 months onwards |
| 16 to 18 months | DTwP B1/DTaP B1  IPV B1  Hib 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:**   * First & second 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:** For both killed and live hepatitis-A vaccines 2 doses are recommended as of now |
| 2 years | Typhoid 1 | **Typhoid:** Typhoid revaccination every 3 years, if Vi-polysaccharide vaccine is used. |
| 4 to 6 years | DTwP B2/DTaP B2  OPV 3  MMR 2  Varicella 2  Typhoid 2 | **MMR:** the 2nd dose can be given at anytime 4-8 weeks after the 1st dose.  **Varicella:** the 2nd dose can be given at anytime 3 months after the 1st dose. |
| 10 to 12 years | Tdap/Td  HPV | **Tdap:** is preferred to Td followed by Td every 10 years.  **HPV:** Only for females, 3 doses at 0, 1-2 (depending on brands) 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