

# Table I. IAP Immunization Timetable 2016

## I. IAP recommended vaccines for routine use

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><b>DTP:</b></p> <ul style="list-style-type: none"> <li>• DTaP vaccine/combinations should preferably be avoided for the primary series</li> <li>• DTaP vaccine/combinations should be preferred in certain specific circumstances/conditions only</li> <li>• 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</li> </ul> <p><b>Polio:</b></p>

		<ul style="list-style-type: none"> <li>• All doses of IPV may be replaced with OPV if administration of the former is unfeasible</li> <li>• Additional doses of OPV on all supplementary immunization activities (SIAs)</li> <li>• Two doses of IPV instead of 3 for primary series if started at 8 weeks, and 8 weeks interval between the doses</li> <li>• No child should leave the facility without polio immunization (IPV or OPV), if indicated by the schedule</li> <li>• See footnotes under figure titled IAP recommended immunization schedule (with range) for recommendations on intradermal IPV</li> </ul> <p><b>Rotavirus:</b></p> <ul style="list-style-type: none"> <li>• 2 doses of RV1 and 3 doses of RV5 &amp; RV 116E</li> <li>• RV1 should be employed in 10 &amp; 14 week schedule, 10 &amp; 14 week schedule of RV1 is found to be more immunogenic than 6 &amp; 10 week schedule</li> </ul>
10 weeks	DTwP 2 IPV 2 Hib 2 Rotavirus 2 PCV 2	<p><b>Rotavirus:</b></p> <p>If RV1 is chosen, the first dose should be given at 10 weeks</p>
14 weeks	DTwP 3	

	IPV 3 Hib 3 Rotavirus 3 PCV 3	<b>Rotavirus:</b> <ul style="list-style-type: none"> <li>• Only 2 doses of RV1 are recommended.</li> <li>• If RV1 is chosen, the 2<sup>nd</sup> dose should be given at 14 weeks</li> </ul>
6 months	OPV 1 Hep-B 3	<b>Hepatitis-B:</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 2 MMR-1	<b>MMR:</b> <ul style="list-style-type: none"> <li>• Measles-containing vaccine ideally should not be administered before completing 270 days or 9 months of life;</li> <li>• The 2<sup>nd</sup> dose must follow in 2<sup>nd</sup> year of life;</li> <li>• No need to give stand-alone measles vaccine</li> </ul>
9-12 months	Typhoid Conjugate Vaccine	<ul style="list-style-type: none"> <li>• Currently, two typhoid conjugate vaccines, Typbar-TCV® and PedaTyph® available in Indian market; either can be used</li> <li>• An interval of at least 4 weeks with the MMR vaccine should be maintained while administering this vaccine</li> </ul>
12 months	Hep-A 1	<b>Hepatitis A:</b> <ul style="list-style-type: none"> <li>• Single dose for live attenuated H2-strain Hep-A vaccine</li> <li>• Two doses for all inactivated Hep-A vaccines are</li> </ul>

		recommended
15 months	MMR 2 Varicella 1 PCV booster	<p><b>MMR:</b></p> <ul style="list-style-type: none"> <li>• The 2<sup>nd</sup> dose must follow in 2<sup>nd</sup> year of life</li> <li>• However, it can be given at anytime 4-8 weeks after the 1<sup>st</sup> dose</li> </ul> <p><b>Varicella:</b> The risk of breakthrough varicella is lower if given 15 months onwards</p>
16 to 18 months	DTwP B1/DTaP B1 IPV B1 Hib B1	<p>The first booster (4<sup>th</sup> dose) may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.</p> <p><b>DTP:</b></p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> &amp; 2<sup>nd</sup> boosters should preferably be of DTwP</li> <li>• Considering a higher reactogenicity of DTwP, DTaP can be considered for the boosters</li> </ul>
18 months	Hep-A 2	<b>Hepatitis A:</b> 2 <sup>nd</sup> dose for inactivated vaccines only
2 years	Booster of Typhoid Conjugate Vaccine	<ul style="list-style-type: none"> <li>• A booster dose of Typhoid conjugate vaccine (TCV), if primary dose is given at 9-12 months</li> <li>• A dose of Typhoid Vi-polysaccharide (Vi-PS) vaccine</li> </ul>

		<p>can be given if conjugate vaccine is not available or feasible;</p> <ul style="list-style-type: none"> <li>• Revaccination every 3 years with Vi-polysaccharide vaccine</li> <li>• Typhoid conjugate vaccine should be preferred over Vi- PS vaccine</li> </ul>
4 to 6 years	DTwP B2/DTaP B2 OPV 3 Varicella 2 MMR 3	<p><b>Varicella:</b> the 2<sup>nd</sup> dose can be given at anytime 3 months after the 1<sup>st</sup> dose.</p> <p><b>MMR:</b> the 3<sup>rd</sup> dose is recommended at 4-6 years of age.</p>
10 to 12 years	Tdap/Td HPV	<p><b>Tdap:</b> is preferred to Td followed by Td every 10 years</p> <p><b>HPV:</b></p> <ul style="list-style-type: none"> <li>• Only 2 doses of either of the two HPV vaccines for adolescent/preadolescent girls aged 9-14 years;</li> <li>• For girls 15 years and older, and immunocompromised individuals 3 doses are recommended</li> <li>• For two-dose schedule, the minimum interval between doses should be 6 months.</li> <li>• For 3 dose schedule, the doses can be administered at 0, 1-2 (depending on brand) and 6 months</li> </ul>

## 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)'