

IAP Immunization Schedule

'IAP Immunization Timetable 2012' I. IAP recommended vaccines for routine use

Age (completed weeks/months/years)	Vaccines	Comments
Birth	BCG OPV 0 Hep-B 1	Administer Hep-B vaccine to all newborns before hospital discharge
6 weeks	DTwP 1/DTaP 1 IPV 1 Hep-B 2 Hib 1 Rotavirus* 1 PCV 1	IPV: two doses instead of 3 can be used for primary series if started at 8 and 16 weeks Rotavirus vaccine: Only 2 doses of RV-1 and 3 doses of RV-5
10 weeks	DTwP 2/DTaP 2 IPV 2 Hib 2 Rotavirus 2 PCV 2	Polio: Additional doses of OPV on all NIDs/SNIDs
14 weeks	DTwP 3/DTaP 3 IPV 3 Hib 3 Rotavirus* 3 PCV 3	Polio: Additional doses of OPV on all NIDs/SNIDs Only 2 doses of RV1 are needed.
6 months	OPV 1 Hep-B 3	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	
12 months	Hep-A 1	
15 months	MMR 1 Varicella 1 PCV booster	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.
18 months	Hep-A 2	2 doses of both killed and live hepatitis-A vaccines
2 years	Typhoid 1	Typhoid revaccination every 3 years, if Vi-polysaccharide vaccine is used.
5 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