

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>DTP:</p> <ul style="list-style-type: none"> • 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 <p>Polio:</p>

		<ul style="list-style-type: none"> • 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 <p>Rotavirus:</p> <ul style="list-style-type: none"> • 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 2 IPV 2 Hib 2 Rotavirus 2 PCV 2	<p>Rotavirus:</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	Rotavirus: <ul style="list-style-type: none"> • Only 2 doses of RV1 are recommended. • If RV1 is chosen, the 2nd dose should be given at 14 weeks
6 months	OPV 1 Hep-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 2 MMR-1	MMR: <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Single dose for live attenuated H2-strain Hep-A vaccine • Two doses for all inactivated Hep-A vaccines are

		recommended
15 months	MMR 2 Varicella 1 PCV booster	<p>MMR:</p> <ul style="list-style-type: none"> • The 2nd dose must follow in 2nd year of life • However, it can be given at anytime 4-8 weeks after the 1st dose <p>Varicella: 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 (4th dose) may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.</p> <p>DTP:</p> <ul style="list-style-type: none"> • 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: 2 nd dose for inactivated vaccines only
2 years	Booster of Typhoid Conjugate Vaccine	<ul style="list-style-type: none"> • 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

		<p>can be given if conjugate vaccine is not available or feasible;</p> <ul style="list-style-type: none"> • 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 B2 OPV 3 Varicella 2 MMR 3	<p>Varicella: the 2nd dose can be given at anytime 3 months after the 1st dose.</p> <p>MMR: the 3rd dose is recommended at 4-6 years of age.</p>
10 to 12 years	Tdap/Td HPV	<p>Tdap: is preferred to Td followed by Td every 10 years</p> <p>HPV:</p> <ul style="list-style-type: none"> • 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)'