

Vaccine	Age in completed weeks / months / years															
	Birth	6w	10w	14w	6m	7m	9m	12m	13m	15m	16-18m	18-24m	2-3 Y	4-6 Y	9-14 Y	15-18 Y
BCG																
Hepatitis B	HB 1 ^a	HB 2	HB 3	HB 4 ^b												
Polio	OPV	IPV 1 ^c	IPV 2 ^c	IPV 3 ^c							IPV ^e B1			IPV ^e B2		
DTwP/DTaP		DTP 1	DTP 2	DTP 3							DTP B1			DTP B2		
Hib		Hib 1	Hib 2	Hib 3							Hib B1					
PCV		PCV 1	PCV 1	PCV 3							PCV B					
Rotavirus		RV 1	RV 2	RV 3 ^d												
Influenza					Dose 1 ^e	Dose 2	Annual Vaccination									
MMR							Dose 1			Dose 2				Dose 3		
TCV																
Hepatitis A								Dose 1				Dose 2 ^f				
Varicella										Dose 1		Dose 2 ^g				
Tdap ^h /Td																
HPV															1 & 2 ⁱ	1, 2 & 3 ^j
Meningococcal ^k								Dose 1	Dose 2							
JE								Dose 1	Dose 2							
Cholera								Dose 1	Dose 2							
PPSV 23																
Rabies																
Yellow Fever																

Recommended age Catch up age range Vaccines in special situations

(a) To be given within 24 h after birth. When this is missed, it can be administered at first contact with health facility; (b) An extra dose of Hepatitis B vaccine is permitted as part of a combination vaccine when use of this combination vaccine is necessary; (c) IPV can be given as part of a combination vaccine; (d) 3rd dose of Rota vaccine is not necessary for RV1; (e) Influenza vaccine should be started after 6 mo of age, 2 doses 4 wks apart, usually in the pre-monsoon period. At other times of the year, the most recent available strain should be used. Annual influenza vaccination should be continued, for all, till 5 y of age; after the age of 5y, this vaccine is recommended in the high-risk group only; (f) Single dose is to be given for the live attenuated Hepatitis A vaccine. The inactivated vaccine needs two doses; (g) 2nd dose of Varicella vaccine should be given 3-6 mo of age after dose 1. However, it can be administered anytime 3 mo after dose 1 or at 4-6 y; (h) Tdap should not be administered as the second booster of DPT at 4-6 y. For delayed 2nd booster, Tdap can be given after 7 y of age. A dose of Tdap is necessary at 10-12 y, irrespective of previous Tdap administration. If Tdap is unavailable/unaffordable, it can be substituted with Td; (i) Before 14 completed years, HPV vaccines are recommended as a 2-dose schedule, 6 mo apart; (j) From 15th y onwards and the immunocompromised subjects at all ages, HPV vaccines are recommended as a 3-dose schedule, 0-1-6 (HPV2) or 0-2-6 (HPV4); (k) Menactra is approved in a 2-dose schedule between 9-23 mo. Minimum interval between two doses should be 3 mo. Menveo is recommended as a single dose schedule after 2 y of age.

ACVIP recommends DTP & IPV boosters in school entry children⁵

DTP & IPV - Diphtheria, Tetanus, Pertussis and Inactivated Poliomyelitis Vaccine; IAP - Indian Academy of Pediatrics; ACVIP - Advisory Committee on Vaccines and Immunization Practices.

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Is your child missing the school entry booster!

Complete the circle of protection with

DTP & IPV Booster



Vaccines

DTP & IPV - Diphtheria, Tetanus, Pertussis and Inactivated Poliomyelitis Vaccine

Ensure complete protection for your school entry kid with **DTP & IPV booster**



Why do we **NEED BOOSTERS?**

DTP & IPV as school **ENTRY BOOSTERS**

What is DTP & IPV vaccine?

DTP & IPV booster vaccines are given to protect your child against infections caused by¹

- Diphtheria
- Tetanus
- Pertussis
- Poliovirus

The vaccine causes the body to produce a shield against these diseases¹

How serious are these diseases?

- These diseases can cause breathing difficulties, heart problems, muscle spasms and inability to walk, paralysis, and even death¹



Vaccination is the best way to prevent these diseases²

High disease transmission and waning of immunity against the disease among school entry children^{3,4}

Once vaccinated the child is protected for long term⁵

New ACVIP guideline recommends the DTP & IPV booster shot in school entry children⁵

Booster can be given independent to the primary vaccine(s) or previous vaccination schedule⁶

Maintains high immunity from early childhood up until the adolescent booster⁷

Is well-tolerated in toddlers⁸

