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	Υ	9-14 Y	15-18 Y
BCG																	
Hepatitis B	HB 1ª	HB 2	HB 3	HB 4 ^b													
Polio	OPV	IPV 1 ^c	IPV 2 ^c	IPV 3 ^c							IPV ^c B1			IPV⁵	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 1e	Dose 2		Annual Vaccination									
MMR							Dose 1			Dose 2				Dose	e 3		
TCV																	
Hepatitis A								Dose 1				Dose 2 ^f					
Varicella										Dose 1		Dose 2g					
Tdap ^h /Td																	
HPV																1 & 2 ⁱ	1, 2 & 3
Meningococcal k							Dose 1	Dose 2									
JE								Dose 1	Dose 2								
Cholera								Dose 1	Dose 2								
PPSV 23																	
Rabies																	
Yellow Fever																	
		R	Recomme	nded age		Catch	up age ra	inge	Vac	cines in	special si	tuations					

(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, 6 mo apart; (j) From 15th y onwards and the immunocompromised subjects at all ages, HPV vaccines are recommended as a 3-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 detured 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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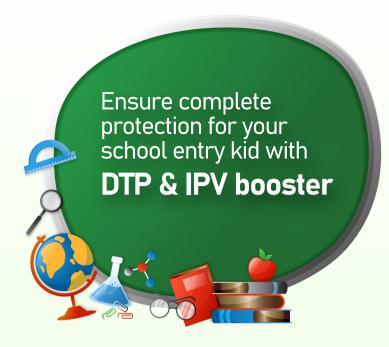


Is your child missing the school entry booster!

Complete the circle of protection with



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



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



Why do we **NEED BOOSTERS?**

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



DTP & IPV as school ENTRY BOOSTERS

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











