



## IAPCOI recommended immunization schedule for persons aged 7 through 18 years, 2012 (with range)

Vaccine ▼	Age ►		
	7-10 years	11-12 years	13-18 years
Tdap <sup>1</sup>	1 dose (if indicated)	1 dose	1 dose (if indicated)
HPV <sup>2</sup>	See footnote <sup>2</sup>	3 doses	Complete 3-dose series
MMR <sup>3</sup>	Complete 2-dose series		
Varicella <sup>4</sup>	Complete 2-dose series		
Hepatitis B <sup>5</sup>	Complete 3-dose series		
Hepatitis A <sup>6</sup>	Complete 2-dose series		
Typhoid <sup>7</sup>	1 dose every 3 years		
Influenza Vaccine <sup>8</sup>	One dose every year		
Japanese Encephalitis Vaccine <sup>9</sup>	Catch-up up to 15 years		
Pneumococcal Vaccine <sup>10</sup>	See footnote <sup>10</sup>		
Meningococcal Vaccine <sup>11</sup>	See footnote <sup>11</sup>		



Range of recommended ages for all children



Range of recommended ages for catch-up immunization



Range of recommended ages for certain high-risk groups

Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines.

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#### 1- Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine

- Minimum age: 10 years for Boostrix and 11 years for Adacel
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
- Tdap vaccine should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years.
- Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Catch up above 7 years: Tdap, Td, Td at 0, 1 and 6 months.
- Tdap can also be administered safely to pregnant women.

#### 2- Human papillomavirus (HPV) vaccines

- HPV4 [Gardasil] and HPV2 [Cervarix]
- Minimum age: 9 years
- Either HPV4 (0, 2, 6 months) or HPV2 (0, 1, 6 months) is recommended in a 3-dose series for females aged 11 or 12 years.
- HPV4 can also be given in a 3-dose series for males aged 11 or 12 years.
- The vaccine series can be started beginning at age 9 years.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).

#### 3- Measles, mumps, and rubella (MMR) vaccine.

- The minimum interval between the 2 doses of MMR vaccine is 4 weeks.
- One dose if previously vaccinated with one dose

#### 4. Varicella (VAR) vaccine.

- For persons without evidence of immunity, administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
- For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

#### 5. Hepatitis B (HepB) vaccine.

- Administer the 3-dose series to those not previously vaccinated.
- For those with incomplete vaccination, the recommended minimum interval between dose 1 and dose 2 is 4 weeks, and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered at least 16 weeks after the first dose.

#### 6. Hepatitis A (Hep A) vaccine.

- Administer 2 doses at least 6 months apart to unvaccinated persons.
- For catch up vaccination, pre vaccination screening for Hepatitis A antibody is recommended in children older than 10 years as at this age the estimated sero-positive rates exceed 50%.
- Combination of Hep B and Hep A may be used in 0, 1, 6 schedule

#### 7. Typhoid vaccine.

- Only Vi-PS (polysaccharide) vaccine is recommended

- Vi-PS conjugate vaccine: data not sufficient to recommend for routine use of currently available vaccine
- A minimum interval of 3 years should be observed between 2 doses of typhoid vaccine

#### **8. Influenza Vaccine.**

- Administer 1 dose to persons aged 9 years and older.
- For children aged 6 months through 8 years:
- For the 2012 season, administer 2 doses (separated by at least 4 weeks) to those who did not receive at least 1 dose of the 2010–11 vaccine. Those who received at least 1 dose of the 2010–11 vaccine require 1 dose for the 2011–12 season.
- Annual revaccination with single dose.
- Best time to vaccinate: as soon as the new vaccine is released and available in the market & just before the onset of rainy season;

#### **9. Japanese Encephalitis Vaccine.**

- Only in endemic area as catch up
- Currently no type of JE vaccine available in private Indian market
- Live attenuated, cell culture derived SA-14-14-2 JE vaccine should be preferred,
- Dose: 0.5 ml, SC, single dose up to 15 yrs

#### **10. Pneumococcal Vaccines.**

- Pneumococcal conjugate vaccine [PCV] and pneumococcal polysaccharide vaccine [PPSV] both are used in certain high risk group of children.
- A single dose of PCV may be administered to children aged 6 through 18 years who have anatomic/functional asplenia, HIV infection or other immunocompromising condition, cochlear implant, or cerebral spinal fluid leak.
- Administer PPSV at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.
- A single re-vaccination (with PPSV) should be administered after 5 years to children with anatomic/functional asplenia or an immunocompromising condition.

#### **11. Meningococcal Vaccine.**

- Recommended only for certain high risk group of children, during outbreaks, travelers to endemic areas, and students going for study abroad.
- Only meningococcal polysaccharide vaccine (MPSV) is available
- Minimum age: 2 years;
- Dose schedule: a single dose 0.5 ml SC/ IM is recommended
- Revaccination only once after 3 yrs in those at continued high risk

