

TABLE I IAP IMMUNIZATION TIMETABLE 2014

I. IAP recommended vaccines for routine use

Age (completed wks/mo/y)	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 not feasible • 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 <p>Rotavirus:</p> <ul style="list-style-type: none"> • 2 doses of RV1 and 3 doses of RV5 • RV1 should be employed in 10 and 14 week schedule, instead of 6 and 10 week • 10 and 14 week schedule of RV1 is found to be far more immunogenic than existing 6 and 10 week schedule
10 weeks	DTwP 2 IPV 2 Hib 2 Rotavirus 2 PCV 2	<p>Rotavirus:</p> <ul style="list-style-type: none"> • If RV1 is chosen, the first dose should be given at 10 weeks
14 weeks	DTwP 3 IPV 3 Hib 3 Rotavirus 3 PCV 3	<p>Rotavirus:</p> <ul style="list-style-type: none"> • Only 2 doses of RV1 are recommended at present • If RV1 is chosen, the 2nd dose should be given at 14 weeks
6 months	OPV 1 Hep-B 3	<p>Hepatitis-B:</p> <ul style="list-style-type: none"> • 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 MMR-1	<p>MMR:</p> <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	<p>Typhoid:</p> <ul style="list-style-type: none"> • Currently, two typhoid conjugate vaccines, Typbar-TCV and PedaTyph available in Indian market • PedaTyph is not yet approved; the recommendation is applicable to Typbar-TCV only • An interval of at least 4 weeks with the MMR vaccine should be maintained while administering this vaccine • Should follow a booster at 2 years of age

12 months	Hep-A 1	<p>Hepatitis A:</p> <ul style="list-style-type: none"> • Single dose for live attenuated H2-strain Hep-A vaccine • Two doses for all killed Hep-A vaccines are recommended now
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 during 2nd year <p>Varicella:</p> <ul style="list-style-type: none"> • The risk of breakthrough varicella is lower if given 15 months onwards
16 to 18 months	DTwP B1/DTaP B1 IPV B1, Hib B1	<ul style="list-style-type: none"> • 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>DTP:</p> <ul style="list-style-type: none"> • First and second boosters should preferably be of DTwP • Considering a higher reactogenicity of DTwP, DTaP can be considered for the boosters
18 months 2 years	Hep-A 2 Typhoid booster	<ul style="list-style-type: none"> • 2nd dose for killed vaccines; only single dose for live attenuated H2- strain vaccine • Either Typbar-TCV® or Vi-polysaccharide (Vi-PS) can be employed as booster; • Typhoid revaccination every 3 years, if Vi-polysaccharide vaccine is used • Need of revaccination following a booster of Typbar-TCV® not yet determined
4 to 6 years	DTwP B2/DTaP B2 OPV 3 Varicella 2 Typhoid booster	<p>Varicella:</p> <ul style="list-style-type: none"> • 2nd dose can be given at anytime 3 months after the 1st dose
10 to 12 years	Tdap/Td HPV	<p>Tdap:</p> <ul style="list-style-type: none"> • Tdap is preferred to Td followed by Td every 10 years <p>HPV:</p> <ul style="list-style-type: none"> • Only 2 doses of either of the two HPV vaccines for adolescent/pre-adolescent 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 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) and liver disease; 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.*

A. Measles and MMR vaccination

Recommendation: The committee has revised its recommendations on Measles and MMR vaccination schedule. The new schedule will have a dose of MMR at 9 months instead of measles, and another dose (2nd) at 15 months of age. The earlier recommendation of 2nd dose of MMR at 4-6 years of age has been removed.

The need and justification: NTAGI Standing Technical Sub-Committee (STSC) recommended two doses of Measles – Rubella (MR) vaccines in the Universal immunization program (UIP) at 9 months and 16-24 months at the time of 1st booster of DTP vaccine. Since the Academy has argued very strongly in favor of MMR instead of MR vaccine in UIP schedule, the revised recommendations will facilitate inclusion of Mumps