

Immunization Summary Guide

NO.	Vaccine Name	Type of Vaccine	Minimum Age	Dose / Route of Administration	Number of Doses	Recommended Schedule	Contraindication	
1	Polio	Oral polio (OPV)	Live attenuated virus	6 weeks but can be administered at birth in special situation.	2 drops for multi-dose vial / oral	3 doses and 2 boosters	2, 4, 6, 18 months and 4-5 years (IPV 1st dose, both OPV & IPV given for 2nd dose, OPV given for 3rd dose and first booster, both OPV & IPV given for 2nd booster). IPV used for those with congenital Immunodeficiency or Immunodeficiency by disease or immunosuppressive medication and their household.	
		Inactivated polio (IPV)	Inactivated virus	6 weeks	0.5 ml / IM			
2	Tetavalent (DTaP, IPV)	DT.Toxoid and P. inactivated bacteria, IPV inactivated virus	6 weeks	0.5 ml / IM	One booster	4-5 years	Severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a vaccine component. Encephalopathy (e.g. coma, decreased level of consciousness, or prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of a dose of DTP or DTWP.	
3	Tetavalent (DTaP;Hib)	(DT)Toxoid and (P, Hib) inactivated bacteria.	6 weeks	0.5 ml / IM	1 dose (as booster)	At age of 18 months (if available)	Severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a vaccine component. Encephalopathy (e.g. coma, decreased level of consciousness, or prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of a dose of DTP or DTWP.	
4	Pentavalent (DTWP,HepB +Hib)	(DT)Toxoid, (P& Hib) inactivated bacteria, (HepB) inactivated virus.	6 weeks	0.5 ml / IM	1 dose ± a booster	6 months, ± 18 months (if tetavalent vaccine is not available). The vaccine should not be administered after 5 years.	Severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a vaccine component. Encephalopathy (e.g. coma, decreased level of consciousness, or prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of a dose of DTP or DTWP.	
5	Hexavalent (DTaP;Hib,HepB+IPV)	(DT)Toxoid, (P& Hib) inactivated bacteria, (HepB & IPV) inactivated virus.	6 weeks	0.5 ml / IM	2 doses	2, 4 months. The vaccine should not be administered after 5 years, unless otherwise indicated.	Severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a vaccine component. Encephalopathy (e.g. coma, decreased level of consciousness, or prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of a dose of DTP or DTWP.	
6	DT Child	Toxoid	6 weeks	0.5 ml / IM	3 doses + 2 boosters	2, 4, 6, 18 months and 4-5 years. Replacing DTP containing vaccine if allergic to pertussis component or pertussis vaccine is contraindicated	Allergy to any of the vaccine components or to a previous dose of the vaccine.	
7	Td Adult	Toxoid	Children ≥ 7 years (according to manufacturer)	0.5 ml / IM	3 doses + 2 boosters, total 5 doses for those not previously immunized or as a booster dose.	2 doses 4 weeks apart, 3rd dose after 6 months from the 2nd dose with subsequent boosters at least 1 year apart for a total of 5 doses. Booster dose every 10 yrs if indicated.	Allergy to any of the vaccine components or to a previous dose of the vaccine.	
8	Tetanus, diphtheria, pertussis (Tdap)	DT.Toxoid and P. inactivated bacteria	10 years	0.5 ml / IM	One booster dose	A booster dose at age of 12-13 years (for school students), for older population at 65 years of age and for those at higher risk of infection & complication.	Severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a vaccine component. Encephalopathy (e.g. coma, decreased level of consciousness, or prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of a dose of DTP or DTWP.	
9	MMR	Live attenuated virus	12 months	0.5 ml / SC	2 doses with minimum interval of 4 weeks	12 months, 18 months. Also given to non-immune woman discovered during premarital counselling and postnatal period for rubella non immune discovered during pregnancy, certain healthcare workers and others at risk of infection.	Life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, known severe immunodeficiency (due e.g. to a haematological or solid tumour, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy or in patients with HIV infection who are severely immunocompromised), pregnancy and women should avoid getting pregnant for 4 weeks after vaccination.	
10	Hepatitis B vaccine (HB)	Inactivated	Child	Birth	10 µg (0.5 ml) / IM	3-4 doses	0, 2, 4, 6 ± 18 months. Birth dose is recommended for all newborns within 12 hours from birth and it is given as monovalent vaccine. Hep B vaccine and HepB immunoglobulin are given at birth for infant of HBs Ag positive mother or of unknown HBsAg status.	Life-threatening allergy to yeast, or to any other component of the vaccine, or to a previous dose of hepatitis B vaccine. For premature low birth weight <2000g the birth dose should not be counted. However, they should receive the other doses as per the national schedule.
			Adult	According to manufacturer (check the vaccine leaflet)	20 µg (1ml) / IM	3 doses	0,1,6 months for people at risk of HBV infection.	
11	Hepatitis A vaccine (HA)	Inactivated	Child	12 months	0.5 ml / IM	2 doses	15 and 24 months.	Life-threatening allergy to latex, or to any other component of the vaccine, or to a previous dose of hepatitis A vaccine.
			Adult	According to manufacturer (check the vaccine leaflet)	1 ml / IM	2 doses	2 doses 6-12 months apart for travelers to certain countries and for those at risk of infection.	
12	Meningococcal conjugate "ACYW"	Inactivated bacteria	According to manufacturer	0.5 ml / IM	1-2 doses	2 years old children as routine vaccination. Also to travelers to holly places and to at risk destinations. Booster dose every 5 years given to certain categories remain at risk of infection such as anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency and people with HIV.	Life-threatening allergic reaction to a previous dose of MCV4 . Allergy to any of the vaccine component.	
13	Typhoid	Inactivated bacteria	2 years	0.5 ml / IM	One dose to be repeated after 3 years if indicated.	Given to people at occupational risk of exposure and travelers to endemic countries	Allergy to any of the vaccine components or to a previous dose of the vaccine.	
14	Yellow Fever	Live attenuated virus	≥ 9month. In special situation infants 6-8 months might be given.	0.5 ml / SC	Single dose	Offered to all travelers to and from yellow fever at risk areas.	Severe allergy to a previous dose or to any component of the vaccine including egg, chicken proteins, or gelatin. Patients with immunodeficiency. Pregnancy.	
15	Seasonal Influenza	Inactivated virus	6 months	0.5 ml (according to manufacturer) / IM	2 doses for children receiving influenza vaccine for the first time from 6 months to 9 years. Then single dose thereafter.	Annually every fall and winter season for high risk groups including certain chronic medical conditions. It is recommended for children less than 5 years, adults ≥ 50 years, healthcare workers, pregnant women , travelers and high risk groups. The vaccine can be offered to any individual requesting it provided no contraindications.	Severe allergic reaction to previous flu vaccine dose or sever allergy to any vaccine component including egg protein. Guillain-Barre Syndrome < 6 weeks of previous influenza vaccination.	
16	Pneumococcal	Pneumococcal conjugate (PCV)	Inactivated bacteria	6 weeks	0.5 ml / IM	Children: 2 doses + one booster. Single dose for adult ≥ 50 years.	2,4 months and booster at 12-15 months for children. Single dose for adult ≥ 50 yrs and for other high risk categories who did not receive the vaccine in the routine schedule. Start with PCV then administer the PPSV after 6-12 months (minimum interval 8 weeks).	Serious (life-threatening) allergic reaction to a previous dose of the vaccine, or to any of the vaccine components.
		Pneumococcal Polysaccharide (PPSV23)	2 years	Single dose. Revaccination dose after 5 years for certain high risk groups.		Single dose for ≥ 65 years and for high risk groups ≥ 2 -64 years. Revaccination dose after 5 years for (sickle cell disease/other hemaglobinopathies, congenital or acquired asplenia, congenital or acquired immuno-deficiencies, chronic renal failure, nephrotic syndrome, malignancy, leukemia, lymphoma, iatrogenic immunosuppression, solid organ transplant).		
17	Varicella zoster (chickenpox)	Live attenuated virus	12 months	0.5 ml / SC	2 doses	2 doses routinely for children at 12 months and 3 years. 2 doses for high risk categories and their close contacts (for 1 -12 years: 3 months apart; for ≥ 13 years: 4-6 weeks apart).	Hypersensitivity to one of vaccine component including neomycin or gelatin. Pregnancy and women should avoid getting pregnant for 4 weeks after vaccination. primary and acquired immunodeficiency.	
18	BCG	Live attenuated bacteria	At birth	For < 12 months of age 0.05ml, for > 12 months of age 0.1ml / ID (intradermal)	1 dose	Selected target including newborns born to parents originally from endemic countries.	Congenital Immunodeficiency or immunodeficiency by immunosuppressive medication or malignancy. Pregnancy. HIV infection. Severe progressive dermatitis is considered temporary contraindication.	
19	Rotavirus vaccine	Live attenuated virus	6 weeks	1-2 ml (according to the manufacturer) / oral	2-3 doses (according to manufacturer)	2 and 4 months (the requirement of a third dose depending on the manufacturer)	Severe allergic reaction to a previous dose of rotavirus vaccine or to any component of the vaccine including allergy to latex. Severe combined immunodeficiency (SCID), primary and acquired immunodeficiency. History of uncorrected congenital malformation of GI tract or intussusception.	
20	Rabies	Inactivated virus	According to manufacturer	0.5 ml or 1 ml depending on the type of vaccine / IM or ID	4 doses (post-exposure prophylaxis)	One-site (1 vial per site) intramuscular on days 0,3, 7 and 14-28, or two sites (1 vial per site) intramuscular on day 0 and 1 site, intramuscular on days 7 and 21, or two sites (0.1 ml per site) intradermal on days 0, 3 and 7.	Allergic reaction to the vaccine or any of its components. The risk of exposure to rabies to be evaluated against any contraindication to the vaccine.	
21	Haemophilus influenza (Hib)	Inactivated bacteria	6 weeks	0.5 ml / IM	3 doses and booster	2, 4, 6 months and a booster dose at 18 months of age. Children over 5 years old usually do not need Hib vaccine. Additional dose for >5 years of age with any of the following conditions: anatomical or functional asplenia (including sickle cell disease), post bone marrow transplant and certain cancer after completion of treatment according to risk estimation by treating physician.	Severe allergic reaction to the vaccine or any of its components.	
22	Human papillomavirus vaccine (HPV)	Inactivated	9 years	0.5 ml / IM	2 doses for age 9-14 years 3 doses from 15 years of age.	For boys and girls 2 doses schedule (0, 6 months) 3 doses schedule (0, 1-2, 6 months)	Life-threatening allergic reaction to any components of HPV vaccine, or to a previous dose of HPV vaccine, HPV vaccine is not recommended for pregnant women.	