

## Recommended Immunization Schedule for the Expanded Program on Immunization in Kingdom of Bahrain

CHILDREN		
AGE	VACCINE	DOSE
At birth	Bacillus Calmette Guerin (BCG) for newborns born to parents originally from endemic countries.	Single Dose
	Child Hepatitis B for newborns	Birth Dose
2 months	Diphtheria and Tetanus toxoid with Pertussis, Haemophilus Influenzae type b, hepatitis B, Inactivated Polio vaccine (DTaP-Hib-Hep B-IPV) (as Hexavalent)	1 <sup>st</sup> Dose
	Pneumococcal Conjugate (PCV)	1 <sup>st</sup> Dose
	Rotavirus vaccine (oral)	1 <sup>st</sup> Dose
4 months	Diphtheria and Tetanus toxoid with Pertussis, Haemophilus Influenzae type b, hepatitis B and Inactivated Polio vaccine (DTaP-Hib-Hep B-IPV) (as Hexavalent)	2 <sup>nd</sup> Dose
	Oral Polio Vaccine (OPV)	2 <sup>nd</sup> Dose
	Pneumococcal Conjugate (PCV)	2 <sup>nd</sup> Dose
	Rotavirus vaccine (oral)	2 <sup>nd</sup> Dose
6 months	Diphtheria and Tetanus toxoid with Pertussis, Haemophilus Influenzae type b, hepatitis B vaccine (DTaP-Hib-Hep B-IPV) (as Pentavalent)	3 <sup>rd</sup> Dose
	Oral Polio Vaccine (OPV)	3 <sup>rd</sup> Dose
12 months	Measles, Mumps, Rubella (MMR)	1 <sup>st</sup> Dose
	Varicella (Chickenpox)	1 <sup>st</sup> Dose
15 months	Pneumococcal Conjugate (PCV)	Booster
	Child Hepatitis A	1 <sup>st</sup> Dose
18 months	Measles, Mumps, Rubella (MMR)	2 <sup>nd</sup> Dose
	Tetavalent (DPT, Hib), or Pentavalent (DTP-Hib-Hep B) according to availability	1 <sup>st</sup> Booster
	Oral Polio Vaccine (OPV)	1 <sup>st</sup> Booster
2 years	Meningococcal ACWY-135 Conjugate	Single Dose
	Child Hepatitis A	2 <sup>nd</sup> Dose
3 years	Varicella (Chickenpox)	2 <sup>nd</sup> Dose
4-5 years	Diphtheria and Tetanus toxoid with Pertussis vaccine and Inactivated Polio (DTaP-IPV) (as Tetavalent)	2 <sup>nd</sup> Booster
	Oral Polio Vaccine (OPV)	2 <sup>nd</sup> Booster
	Measles, Mumps, Rubella (MMR) if no document of 2 valid doses of MMR vaccination previously.	Catch up dose (if not completed)
ADOLESCENTS		
12-13 years	Tetanus, diphtheria toxoid, acellular pertussis vaccine (Tdap)	Booster
	Human Papilloma Virus (HPV)	2 doses (minimum interval 6 months apart)
FOR PREVIOUSLY UNIMMUNISED WOMEN AT REPRODUCTIVE AGE GROUP		
Tetanus and diphtheria Toxoid (Td)	At first contact Td1	Td1
	At least 4 weeks after Td1	Td2
	At least 6 months after Td2	Td3
	One year after Td3	Td 1st booster
	One year after Td 1st booster	Td 2nd booster
Tdap	One dose of Tdap in the second or third trimester can replace one dose of Td.	

ADULT, ELDERLY AND HIGH RISK GROUPS	
Pneumococcal Conjugate vaccine (PCV)	Single dose for adult $\geq$ 50 years and high-risk groups.
Pneumococcal Polysaccharide vaccine	<ul style="list-style-type: none"> <li>Single dose for adults at age of <math>\geq</math> 65.</li> <li>Single dose for High-risk, group <math>\geq</math> 2-64 years.</li> <li>Single revaccination dose after 5 years recommended to at risk groups including (Sickle cell disease/other blood disorders, congenital or acquired asplenia, congenital or acquired immuno-deficiencies, chronic renal failure, nephrotic syndrome, malignancy, leukemia, lymphoma, iatrogenic immunosuppression, solid organ transplant). In addition, certain high-risk people vaccinated when younger than age 65 years will need a second dose 5 years later.</li> </ul>
Tetanus, diphtheria toxoid, acellular pertussis vaccine (Tdap)	Single dose to individuals at higher risk of infection and to elderly above 65 years.
Seasonal Influenza	<p>Recommended in every season to certain categories at risk of infection including:</p> <ul style="list-style-type: none"> <li>Children <math>\geq</math>6 months and <math>\leq</math> 5 years,</li> <li>Adults/elderly <math>\geq</math> 50 years,</li> <li>Certain chronic medical conditions including chronic pulmonary diseases, chronic cardiovascular diseases, chronic renal diseases, chronic hepatic diseases, chronic blood disorders, chronic metabolic disorders including diabetes mellitus, chronic neurologic and neurodevelopment conditions, Immune-suppressed individuals by medications or by disease condition).</li> <li>Pregnant women,</li> <li>Health care workers</li> <li>Other categories at risk to be determined by treating physician.</li> </ul>
Varicella vaccine	Recommended to at risk groups. Two doses, 3 months apart from 1 -12 years of age and as 2 doses 4 weeks apart for $\geq$ 13 years of age.
Meningococcal ACWY-135 Conjugate vaccine	<ul style="list-style-type: none"> <li>Single dose to certain high-risk groups and travelers to Holy places, meningitis belt countries and countries reporting outbreak.</li> <li>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</li> </ul>
Haemophilus Influenza type b vaccine (Hib)	Single dose for $>$ 5 years of age having any of the following conditions: Anatomical or functional asplenia (including sickle cell disease), post bone marrow transplant and certain cancer after completion of treatment.

HAJIS	
Meningococcal ACWY-135 Conjugate vaccine	Single dose.
	Booster doses every 5 years recommended for hajj pilgrims and certain categories at risk of infection.
Seasonal Influenza vaccine	Recommended for every season.

OTHER VACCINES		
Travelers (according to travel destination)	Yellow Fever	Single dose
	Typhoid fever polysaccharide	Single dose (typhoid polysaccharide is repeated after 3 years if indicated).
	Hepatitis A	2 doses (if not vaccinated previously)
	Meningococcal ACWY-135 Conjugate	Single dose for traveler to certain countries.

	Oral Polio (OPV)/ Inactivated Polio (IPV)	Booster dose for traveler to Polio endemic/ Polio reporting countries.
Post exposure prophylaxis (depend on exposure and risk category)	Rabies	4 doses of vaccine ± RIG (according to wound category and risk estimation)
Individuals at risk of hepatitis (household and sexual contacts of chronic Hepatitis B cases and/or Hepatitis C cases)	Hepatitis B	3 doses (if not vaccinated previously)
	Hepatitis A	2 doses (6 months apart between two doses)
Immune-compromised & and their household contacts	Inactivated Polio Vaccine (IPV)	4-5 doses (as replacement of the OPV in the routine schedule).
*Other vaccines for high risk/ special groups determined by assessment of risk status by treating physician.		