



CHILDHOOD IMMUNIZATION SCHEDULE 2025

VACCINES	INFANCY									EARLY CHILDHOOD				SCHOOL AGE/ADOLESCENCE				
	Birth	1 mo.	6 wks.	2 mos.	10 wks.	14 wks.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	19-23 mos.	2-3 yrs.	4-6 yrs.	7-10 yrs.	11-12 yrs.	13-18 yrs.
BCG	Birth dose																	
Hepatitis B	Birth dose	2 nd dose						3 rd dose										
NIP: Polio	OPV		1 st dose		2 nd dose	3 rd dose												
	IPV					1 st dose			2 nd dose									
DTwP/DTaP-Hib-IPV (+/-HepB)			1 st dose		2 nd dose	3 rd dose				1 st booster				DTaP-IPV 2 nd booster		Hib (see annotations)		
Td/Tdap														NIP Td: Grade 1			NIP Td: Grade 7	
PCV			1 st dose		2 nd dose	3 rd dose		(see annotations)		1 st booster		(see annotations)						
								(see annotations)						PCV/PPSV (see annotations)				
RV		RV series (see annotations)																
Influenza														Yearly (see annotations)				
NIP: MMR/MR								1 st dose MMR	2 nd dose MMR						Grade 1: MR		Grade 7: MR	
Measles/MMR								Measles	1 st dose MMR			2 nd dose MMR (see annotations)						
JEV								1 st dose					2 nd dose (see annotations)					
Varicella									1 st dose				2 nd dose (see annotations)					
Hepatitis A									(see annotations)									
HPV																	HPV series (see annotations)	
Rabies														Rabies series (see annotations)				
Meningococcal		(see annotations)																
Cholera		(see annotations)																
Typhoid		(see annotations)																

ROUTINE VACCINATION

CATCH-UP VACCINATION

RECOMMENDED VACCINATION FOR SPECIAL GROUPS/SITUATIONS

NATIONAL IMMUNIZATION PROGRAM (NIP)

RECOMMENDED BY NIP AND PPS/PIDSP/PFV

PLEASE READ ANNOTATIONS

DISCLAIMER: The Childhood Immunization Schedule presents recommendations for immunization for children and adolescents based on updated literature reviews, experiences and premises current at the time of publication. The PPS, PIDSP and PFV acknowledge that individual circumstances may warrant a decision differing from the recommendations given here. Physicians must regularly update their knowledge about specific vaccines and their use because information about safety and efficacy of vaccines and recommendations relative to their administration continue to develop after a vaccine is licensed. For all vaccines mentioned, please refer to manufacturer's recommendation. For travel vaccination, kindly consult Bureau of Quarantine and country requirements.

ROUTINE VACCINES:

- These are vaccines that may or may not be included in the NIP but are to be routinely used for children according to Philippine Pediatric Society (PPS), Pediatric Infectious Disease Society of the Philippines (PIDSP), and Philippine Foundation for Vaccination (PFV).

RECOMMENDED VACCINES FOR SPECIAL GROUP/SITUATIONS:

- These are vaccines that should be given to certain groups or situations. (See annotations)

PHILIPPINE NATIONAL IMMUNIZATION PROGRAM (NIP) VACCINES:

- BCG, monovalent Hepatitis B, Pentavalent vaccine (DTwP-Hib-HepB), Bivalent OPV, IPV, PCV, MMR/VR
- School-based Immunization Program: MR, Td, HPV

A N N O T A T I O N S

Bacille Calmette-Guerin (BCG)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>Type: Live-attenuated vaccine Minimum age: At birth Route of administration: Intradermal (ID)</p> <p>Routine vaccination:</p> <ul style="list-style-type: none"> • Single dose • Given at the earliest possible age after birth, preferably within the first 2 months of life. • BCG dose: <ul style="list-style-type: none"> • < 12 months - 0.05 mL • ≥ 12 months – 0.10 mL 	<p>For healthy infants and children >2 months who are not given BCG at birth, PPD prior to vaccination is not necessary unless the child is included in “special situations”.</p>	<p>1. For Infants and children > 2 months, PPD is recommended prior to BCG vaccination, if any of the following is present:</p> <ol style="list-style-type: none"> a. Congenital Tuberculosis b. History of close contact to a known or suspected TB case c. Clinical and/or chest x-ray findings suggestive of TB <p><i>For the above cases, an induration of 5 mm is considered positive, and BCG is no longer recommended.</i></p> <p>2. People living with HIV (PLHIV) who are receiving ART, are clinically well, and are immunologically stable (CD4% >25% for children aged <5 years, or CD4 count ≥ 200 if aged >5 years), should be vaccinated with BCG.</p> <p>3. Neonates of unknown HIV status born to women living with HIV should be vaccinated if no clinical evidence suggests HIV infection, regardless of whether the mother is receiving ART or not.</p>

Hepatitis B Vaccine (HBV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS						
<p>Type: Inactivated vaccine Minimum age: At birth Route of administration: Intramuscular (IM)</p> <p>Routine vaccination: 3-dose series</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1st dose</td> <td>Birth dose (monovalent HBV to all newborns ≥ 2kgs within 24 hours of life)</td> </tr> <tr> <td>2nd dose</td> <td>1 to 2 months after birth dose</td> </tr> <tr> <td>3rd dose</td> <td>Administered not earlier than 24 weeks</td> </tr> </table>	1st dose	Birth dose (monovalent HBV to all newborns ≥ 2kgs within 24 hours of life)	2nd dose	1 to 2 months after birth dose	3rd dose	Administered not earlier than 24 weeks	<p>1. For unimmunized children:</p> <ul style="list-style-type: none"> • 3-dose series at 0, 1, and 6 months <p>2. Minimum intervals are as follows:</p> <ul style="list-style-type: none"> • Dose 1 to 2 → 4 weeks • Dose 2 to 3 → 8 weeks • Dose 1 to 3 → 16 weeks 	<p>1. For infants born to HBsAg (+) mothers (preterm or term infants):</p> <ul style="list-style-type: none"> • Administer HBV* and HBIG (0.5mL) within 12 hours of life. • HBIG should be administered not later than 7 days of age, if not immediately available. <p>2. For infants born to mothers with unknown HBsAg status:</p> <ul style="list-style-type: none"> • With birth weight ≥2 kgs, administer HBV within 12 hours of birth and determine the mother’s HBsAg as soon as possible. If HBsAg (+), administer HBIG not later than 7 days of age.
1st dose	Birth dose (monovalent HBV to all newborns ≥ 2kgs within 24 hours of life)							
2nd dose	1 to 2 months after birth dose							
3rd dose	Administered not earlier than 24 weeks							

<p>4th dose Needed if the last dose was given at <24 weeks old</p>		<ul style="list-style-type: none"> • With birth weight <2 kgs, administer HBIG in addition to HBV within 12 hours of life. > For infants born <2 kgs, the 1st dose received at birth is not counted as part of the vaccine series. Additional 3 HBV doses are needed. <p>3. Post-vaccination serology testing and revaccination (if anti-HBs <10mIU/mL) is recommended for certain populations, including:</p> <ul style="list-style-type: none"> • Infants born to HBsAg-positive mothers • Persons who are pre-dialysis or on maintenance dialysis • Other immunocompromised persons (e.g. HIV, transplant patients, on chemotherapy)
<p>When provided as part of NIP, HBV is administered as birth dose at 0 months and a 3 dose series at 6, 10, and 14 weeks of age. A full series of 4 doses including the birth dose, is adequate.</p> <p>For non-responders to the initial vaccination series: A second series of 0, 1, and 6 month vaccination is recommended.</p> <p>Routine serology testing is not recommended for immunocompetent individuals.</p>		

Diphtheria, Tetanus, Pertussis (DTP)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS																				
<p>Type: Inactivated vaccine (provided as DTP-containing combination vaccine)</p> <p>Minimum age: 6 weeks</p> <p>Maximum age: 7 years and 0 days</p> <p>Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <table border="1" data-bbox="112 854 620 1046"> <thead> <tr> <th></th> <th>Number of Doses</th> <th>Minimum Interval</th> </tr> </thead> <tbody> <tr> <td>Primary Series</td> <td>3-dose series</td> <td>4 weeks</td> </tr> <tr> <td>Booster Doses</td> <td>12-18 mos. (DTP) 4-6 yrs. (DTP) 7-18 yrs. (Tdap)</td> <td>4 years</td> </tr> </tbody> </table> <p>The NIP provides DTP-containing combination vaccines at 6, 10 and 14 weeks.</p> <p>See manufacturer's recommendation for specific DTP-containing combination vaccine.</p>		Number of Doses	Minimum Interval	Primary Series	3-dose series	4 weeks	Booster Doses	12-18 mos. (DTP) 4-6 yrs. (DTP) 7-18 yrs. (Tdap)	4 years	<ol style="list-style-type: none"> For unvaccinated children 4 months to 6 years old: <ul style="list-style-type: none"> • Dose 1 to 2 → 4 weeks apart • Dose 2 to 3 → 4 weeks apart • Dose 3 to 4 → 6 months apart • Dose 4 to 5* → at least 4 years apart <p>*A 5th dose is not necessary if the 4th dose was administered at age 4 years or older.</p> For delayed or interrupted DTP-containing series: <ul style="list-style-type: none"> • Resume the series without repeating previous doses. 	<p>Wound management (for children < 7 years)</p> <table border="1" data-bbox="1199 710 1837 954"> <thead> <tr> <th>History of tetanus toxoid-containing vaccine</th> <th>Clean, minor wounds</th> <th>All other wounds</th> </tr> </thead> <tbody> <tr> <td>Unknown or <3 doses</td> <td>DTaP</td> <td>DTaP</td> </tr> <tr> <td>3 or more doses</td> <td>None, if <10 years since last tetanus-containing vaccine dose</td> <td>DTaP, if ≥ 5 years since last tetanus-containing vaccine dose</td> </tr> </tbody> </table>			History of tetanus toxoid-containing vaccine	Clean, minor wounds	All other wounds	Unknown or <3 doses	DTaP	DTaP	3 or more doses	None, if <10 years since last tetanus-containing vaccine dose	DTaP, if ≥ 5 years since last tetanus-containing vaccine dose
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Poliovirus Vaccine

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS														
<p>Types: Inactivated Polio Vaccine (IPV) Live-attenuated Oral Polio Vaccine (OPV)</p> <p>Minimum age: 6 weeks</p> <p>Route of administration: IPV - Intramuscular (IM) OPV - Per orem (PO)</p> <p>Routine vaccination:</p> <table border="1" data-bbox="131 450 658 751"> <thead> <tr> <th colspan="2">IPV-only Schedule:</th> </tr> </thead> <tbody> <tr> <td>Primary Series</td> <td>3-dose series Minimum age: 6 weeks old Minimum interval: 4 weeks</td> </tr> <tr> <td>1st booster</td> <td>12-18 months old (interval of 6 months from 3rd dose)</td> </tr> <tr> <td>2nd booster</td> <td>4-6 years old</td> </tr> <tr> <th colspan="2">NIP Schedule:</th> </tr> <tr> <td>OPV</td> <td>3 doses at 6, 10, 14 weeks old</td> </tr> <tr> <td>IPV</td> <td>1st dose: 14 weeks old 2nd dose: 9 months old</td> </tr> </tbody> </table>	IPV-only Schedule:		Primary Series	3-dose series Minimum age: 6 weeks old Minimum interval: 4 weeks	1 st booster	12-18 months old (interval of 6 months from 3 rd dose)	2 nd booster	4-6 years old	NIP Schedule:		OPV	3 doses at 6, 10, 14 weeks old	IPV	1 st dose: 14 weeks old 2 nd dose: 9 months old	<ol style="list-style-type: none"> Given as Inactivated Polio Vaccine For unvaccinated children ages ≥ 4 months to 18 years, complete the series as follows: <ul style="list-style-type: none"> Dose 1 to 2: Minimum interval is 4 weeks Dose 2 to 3: Minimum interval is 6 months Dose 3 to 4: Minimum interval is 6 months Dose 4 is not necessary if 3rd dose was given at ≥ age 4 years and at least 6 months after the previous dose. For partially vaccinated children ages ≥ 4 months to 18 years, continue the series as above. No need to restart. 	<ol style="list-style-type: none"> People Living with HIV (PLHIV) / Immunocompromised <ul style="list-style-type: none"> OPV is contraindicated. IPV is the only polio vaccine recommended for people with immunodeficiency and people in their households. OPV may be given in addition to routine polio vaccination as part of DOH-Supplemental Immunization Activity (SIA) Program. <ul style="list-style-type: none"> In such cases, OPV may be given earlier than 6 weeks, though it is not counted as part of the 3-dose primary series.
IPV-only Schedule:																
Primary Series	3-dose series Minimum age: 6 weeks old Minimum interval: 4 weeks															
1 st booster	12-18 months old (interval of 6 months from 3 rd dose)															
2 nd booster	4-6 years old															
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Haemophilus influenzae type b Conjugate Vaccine (Hib vaccine)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS								
<p>Type: Inactivated vaccine</p> <p>Minimum age: 6 weeks</p> <p>Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <table border="1" data-bbox="115 1186 658 1273"> <thead> <tr> <th></th> <th>Number of doses</th> <th>Minimum Interval</th> </tr> </thead> <tbody> <tr> <td>Primary Series</td> <td>3 doses</td> <td>4 weeks</td> </tr> </tbody> </table>		Number of doses	Minimum Interval	Primary Series	3 doses	4 weeks	<ol style="list-style-type: none"> For children ages 4 months to 6 years who received their first dose at any of the following ages: <table border="1" data-bbox="697 1159 1164 1293"> <tbody> <tr> <td>7-11 months</td> <td> <ul style="list-style-type: none"> Give 3 doses Dose 1 to 2 → 4 weeks interval Dose 2 to 3 → at 12-15 months or 8 weeks after the 2nd dose (whichever is later) </td> </tr> </tbody> </table>	7-11 months	<ul style="list-style-type: none"> Give 3 doses Dose 1 to 2 → 4 weeks interval Dose 2 to 3 → at 12-15 months or 8 weeks after the 2nd dose (whichever is later) 	<p><u>High-risk individuals:</u></p> <ul style="list-style-type: none"> Chemotherapy or radiation treatment Hematopoietic stem cell transplant (HSCT) Anatomic/functional asplenia including sickle cell disease Elective splenectomy HIV infection Immunoglobulin or early component complement deficiency <p>1. For high-risk children ages 12 to 59 months:</p>
	Number of doses	Minimum Interval								
Primary Series	3 doses	4 weeks								
7-11 months	<ul style="list-style-type: none"> Give 3 doses Dose 1 to 2 → 4 weeks interval Dose 2 to 3 → at 12-15 months or 8 weeks after the 2nd dose (whichever is later) 									

Booster Dose	1 dose	age: 12-15 months, with interval of 6 mos. from the 3 rd dose	12-14 months	<ul style="list-style-type: none"> • Give 2 doses only • Dose 1 to 2 → 8 weeks interval 	<ul style="list-style-type: none"> • Unimmunized or with one Hib vaccine dose received before age 12 months → give 2 additional doses 8 weeks apart. • With ≥ 2 Hib vaccine doses received before age 12 months → give 1 additional dose, at least 8 weeks after previous dose.
Given in combination with DTP-containing vaccine			≥15 months	<ul style="list-style-type: none"> • No further doses needed 	

<p>2. For unvaccinated children aged 5 years or older who are not considered high-risk</p> <ul style="list-style-type: none"> • Catch-up vaccination not required. 	<p>2. For children ≤ 5 years old who received a Hib vaccine dose(s) during or within 14 days of starting therapy or during therapy</p> <ul style="list-style-type: none"> • Repeat the dose(s) of Hib vaccine at least 3 months after completion of therapy (based on the recommended schedule for high-risk children). <p>3. For children who are hematopoietic stem cell transplant recipients</p> <ul style="list-style-type: none"> • Revaccination with 3 doses of Hib vaccine 4 weeks apart, starting 6 to 12 months after transplant, regardless of age and vaccination history. <p>4. For unimmunized children</p> <ul style="list-style-type: none"> • ≥15 months of age and undergoing elective splenectomy should be given 1 dose of Hib-containing vaccine at least 14 days before the procedure. • 5 to 18 years old and with either anatomic or functional asplenia (including cell disease) or HIV infection, should be given 1 dose of Hib vaccine.
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Tetanus and Diphtheria Toxoid (Td) / Tetanus and Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS																	
<p>Type: Inactivated vaccine Minimum age: 7 years Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <ul style="list-style-type: none"> • Ages 7-18 years → 1 dose Tdap (considered as 3rd booster for DTP) <p>Tdap booster doses should be given every 10 years for those who have completed* their DTP doses. If Tdap is not available, Td can be given.</p>	<p>1. For unvaccinated children ages 7-18 years old:</p> <table border="1" data-bbox="691 1033 1161 1211"> <tr> <td data-bbox="697 1033 788 1081">Primary doses</td> <td data-bbox="788 1033 1161 1081"> <ul style="list-style-type: none"> • Dose 1 to 2: interval of 4 weeks • Dose 2 to 3: interval of 6 months </td> </tr> <tr> <td data-bbox="697 1081 788 1129">Booster doses</td> <td data-bbox="788 1081 1161 1129"> <ul style="list-style-type: none"> • Dose 3 to 4: interval of at least 1 year • Dose 4 to 5: interval of at least 1 year </td> </tr> <tr> <td colspan="2" data-bbox="697 1129 1161 1211"> Use Tdap as one of the 5 doses, preferably as first dose. </td> </tr> </table> <p>2. For ages 7-18 years with incomplete DTP doses:</p>	Primary doses	<ul style="list-style-type: none"> • Dose 1 to 2: interval of 4 weeks • Dose 2 to 3: interval of 6 months 	Booster doses	<ul style="list-style-type: none"> • Dose 3 to 4: interval of at least 1 year • Dose 4 to 5: interval of at least 1 year 	Use Tdap as one of the 5 doses, preferably as first dose.		<p>1. Wound management (for children ≥7 years)</p> <table border="1" data-bbox="1199 991 1841 1252"> <thead> <tr> <th data-bbox="1205 991 1406 1081">History of tetanus-toxoid containing vaccine</th> <th data-bbox="1406 991 1634 1081">Clean, Minor wounds</th> <th data-bbox="1634 991 1835 1081">All other wounds</th> </tr> </thead> <tbody> <tr> <td data-bbox="1205 1081 1406 1136">Unknown or < 3 doses</td> <td data-bbox="1406 1081 1634 1136">Tdap/Td</td> <td data-bbox="1634 1081 1835 1136">Tdap/Td</td> </tr> <tr> <td data-bbox="1205 1136 1406 1252">3 or more</td> <td data-bbox="1406 1136 1634 1252">Tdap/Td, if ≥10 years since last tetanus-containing vaccine dose</td> <td data-bbox="1634 1136 1835 1252">Tdap/Td, if ≥5 years since last tetanus-containing vaccine dose</td> </tr> </tbody> </table>			History of tetanus-toxoid containing vaccine	Clean, Minor wounds	All other wounds	Unknown or < 3 doses	Tdap/Td	Tdap/Td	3 or more	Tdap/Td, if ≥10 years since last tetanus-containing vaccine dose	Tdap/Td, if ≥5 years since last tetanus-containing vaccine dose
Primary doses	<ul style="list-style-type: none"> • Dose 1 to 2: interval of 4 weeks • Dose 2 to 3: interval of 6 months 																		
Booster doses	<ul style="list-style-type: none"> • Dose 3 to 4: interval of at least 1 year • Dose 4 to 5: interval of at least 1 year 																		
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*Completed DTP doses → having received 5 doses of DTP, or 4 doses of DTP if the 4th dose was given on or after the 4th birthday.

The NIP provides Td vaccine at Grade 1 and Grade 7 as part of their school-based immunization program.

7-9 years	• give one dose Tdap and another dose at age 11–12 years.
10-18 years	• give one dose Tdap and every 10 years thereafter

3. For DTaP inadvertently administered on or after age 7 years:

7-9 years	• DTaP may count as part of catch-up series. Administer adolescent Tdap booster dose at age 11–12 years
10-18 years	• Count dose of DTaP as the adolescent Tdap booster dose

- Tdap is preferred for persons age ≥ 11 years who have not previously received Tdap or whose Tdap history is unknown. If a tetanus-toxoid-containing vaccine is indicated for a pregnant adolescent, use Tdap.

2. Pregnant Adolescents

- Give 1 dose of Tdap for every pregnancy.
- Previously vaccinated pregnant adolescents with DTP/Td/Tdap, administer 1 dose of Tdap vaccine at 27 to 36 weeks AOG.
- Unimmunized pregnant adolescents, administer a 5-dose tetanus-diphtheria (Td)-containing vaccine following a 0-, 1-, 6-, 18-, and 30-month schedule. Use Tdap as one of the 5 doses, preferably given at 27-36 weeks AOG.

Pneumococcal Conjugate Vaccine (PCV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS																																
<p>Type: Inactivated vaccine Minimum age: 6 weeks Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <ul style="list-style-type: none"> • Primary series of 3 doses • Minimum interval between doses is 4-8 weeks • Booster dose: 1 dose <table border="1"> <thead> <tr> <th>PCV</th> <th>Maximum Age</th> <th>Booster Dose Age and Minimum Interval</th> </tr> </thead> <tbody> <tr> <td>PHiD-CV 10</td> <td>5 years</td> <td>at 12-15 months of age, 6 months after the 3rd dose</td> </tr> <tr> <td>PCV-10 SII</td> <td>2 years</td> <td></td> </tr> <tr> <td>PCV13/PCV 15</td> <td>>18 years</td> <td>at 11-15 months of age, 2 months after the 3rd dose</td> </tr> </tbody> </table> <p>The NIP provides PCV at 6,10, and 14 weeks of age.</p>	PCV	Maximum Age	Booster Dose Age and Minimum Interval	PHiD-CV 10	5 years	at 12-15 months of age, 6 months after the 3 rd dose	PCV-10 SII	2 years		PCV13/PCV 15	>18 years	at 11-15 months of age, 2 months after the 3 rd dose	<p>For unvaccinated/incompletely vaccinated children:</p> <ul style="list-style-type: none"> • Ages 7-11 months, give a total of 3 doses. <table border="1"> <tr> <td>PHiD-CV 10, PCV-13, PCV-15</td> <td>Dose 1 to 2 → 4 weeks apart Dose 2 to 3 → 8 weeks apart, with 3rd dose given at minimum age of 12 months.</td> </tr> <tr> <td>PCV-10 SII</td> <td>Dose 1 to 2 → 4 weeks apart Dose 2 to 3 → 8 weeks apart, with 3rd dose given at maximum age of 24 months.</td> </tr> </table> <ul style="list-style-type: none"> • Ages 12months to <19 years: <table border="1"> <tr> <td>PHiD-CV 10</td> <td>12mos-5 yrs</td> <td rowspan="3">2 doses at least 8 weeks apart</td> </tr> <tr> <td>PCV-10 SII</td> <td>12-24 mos.</td> </tr> <tr> <td>PCV-13/15</td> <td>12-23 mos</td> </tr> <tr> <td>PCV 13/15</td> <td>≥ 2 years</td> <td>1 dose</td> </tr> </table>	PHiD-CV 10, PCV-13, PCV-15	Dose 1 to 2 → 4 weeks apart Dose 2 to 3 → 8 weeks apart, with 3 rd dose given at minimum age of 12 months.	PCV-10 SII	Dose 1 to 2 → 4 weeks apart Dose 2 to 3 → 8 weeks apart, with 3 rd dose given at maximum age of 24 months.	PHiD-CV 10	12mos-5 yrs	2 doses at least 8 weeks apart	PCV-10 SII	12-24 mos.	PCV-13/15	12-23 mos	PCV 13/15	≥ 2 years	1 dose	<p>1. For preterm infants <37 weeks at birth:</p> <table border="1"> <tr> <td>PCV 13, PCV15, PHiD-CV 10</td> <td>• 4-dose regimen • 1st dose is administered as early as 6 weeks followed by 2 additional doses at least 4 weeks apart.</td> </tr> <tr> <td>PCV 13, PCV 15</td> <td>• 4th dose given at 11 to 15 months of age.</td> </tr> <tr> <td>PHiD-CV 10</td> <td>• 4th dose given at least 6 months after the last primary dose.</td> </tr> </table> <p>2. For immunocompromised children and those with high-risk medical conditions:</p> <ul style="list-style-type: none"> • Give both PCV and PPSV23. • Minimum interval between PCV and PPSV23 is 8 weeks. • If a dose of PPSV23 is inadvertently given earlier than the recommended interval, this dose need not be repeated. • All recommended PCV doses should be given prior to PPSV23 if possible. 	PCV 13, PCV15, PHiD-CV 10	• 4-dose regimen • 1 st dose is administered as early as 6 weeks followed by 2 additional doses at least 4 weeks apart.	PCV 13, PCV 15	• 4 th dose given at 11 to 15 months of age.	PHiD-CV 10	• 4 th dose given at least 6 months after the last primary dose.
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PHiD-CV 10	• 4 th dose given at least 6 months after the last primary dose.																																	

Pneumococcal Polysaccharide Vaccine (PPSV23)

GENERAL INFORMATION AND RECOMMENDATION	PCV-PPSV23 SPECIAL CONSIDERATIONS					
	PCV - PPSV23 Vaccination Schedule	Indications for Pneumococcal Vaccines				
<p>Type: Inactivated vaccine Minimum age: 2 years old Route of administration: Intramuscular (IM)</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Use in special situations only. • Immunocompromised children and those with high-risk medical conditions should receive both PCV and PPSV23. • The two vaccines should not be co-administered. • The minimum interval between PCV and PPSV23 is 8 weeks. • If a dose of PPSV23 is inadvertently given earlier than the recommended interval, this dose need not be repeated. • All recommended PCV doses should be given prior to PPSV23 if possible. 	<p>1. For ages 24 months to 5 years:</p> <table border="1"> <tr> <td>Incompletely vaccinated with 3 doses of PCV</td> <td> <ul style="list-style-type: none"> • Administer 1 dose of PCV; • Give 1 or 2 doses* of PPSV23 at least 8 weeks after the most recent dose of PCV. </td> </tr> <tr> <td>Unvaccinated or incompletely vaccinated with < 3 doses of PCV</td> <td> <ul style="list-style-type: none"> • Administer 2 doses of PCV at least 8 weeks apart; • Give 1 or 2 doses* of PPSV23 at least 8 weeks after the latest dose of PCV. </td> </tr> </table> <p>2. For ages 6 -18 years:</p> <ul style="list-style-type: none"> • Administer 1 dose of PCV if they have not previously received this vaccine. • Give 1 or 2 doses* of PPSV23 at least 8 weeks after the latest dose of PCV. <p>*See special considerations.</p>	Incompletely vaccinated with 3 doses of PCV	<ul style="list-style-type: none"> • Administer 1 dose of PCV; • Give 1 or 2 doses* of PPSV23 at least 8 weeks after the most recent dose of PCV. 	Unvaccinated or incompletely vaccinated with < 3 doses of PCV	<ul style="list-style-type: none"> • Administer 2 doses of PCV at least 8 weeks apart; • Give 1 or 2 doses* of PPSV23 at least 8 weeks after the latest dose of PCV. 	<p>ONE DOSE</p> <ul style="list-style-type: none"> • Chronic heart disease, including congestive heart failure and cardiomyopathies • Chronic lung disease, including chronic obstructive pulmonary disease, emphysema, and asthma • Diabetes mellitus, cerebrospinal fluid leaks, cochlear implant, • Chronic liver disease, alcoholism <p>TWO DOSES**</p> <ul style="list-style-type: none"> • Sickle cell disease and other hemoglobinopathies • Congenital or acquired asplenia, or splenic dysfunction • HIV infection • Chronic renal failure and nephrotic syndrome • Diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease, or solid organ transplantation • Congenital or acquired immunodeficiency (B- or T lymphocyte deficiency, complement deficiencies (C1, C2, C3, & C4 deficiencies), and phagocytic disorders (excluding CGD) • Generalized malignancy • Iatrogenic immunosuppression (including long-term systemic corticosteroids and radiation therapy) • Solid organ transplant • Multiple myeloma <p>**2 doses of PPSV23, to be given at least 5 years apart.</p>
Incompletely vaccinated with 3 doses of PCV	<ul style="list-style-type: none"> • Administer 1 dose of PCV; • Give 1 or 2 doses* of PPSV23 at least 8 weeks after the most recent dose of PCV. 					
Unvaccinated or incompletely vaccinated with < 3 doses of PCV	<ul style="list-style-type: none"> • Administer 2 doses of PCV at least 8 weeks apart; • Give 1 or 2 doses* of PPSV23 at least 8 weeks after the latest dose of PCV. 					

Rotavirus Vaccine (RV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>Type: Live-attenuated vaccine Minimum age: 6 weeks old</p>	<p>Maximum age for 1st dose depends on the type of rotavirus vaccine given.</p>	<p>1. Can be given to preterm infants if:</p> <ul style="list-style-type: none"> • Chronological age is at least 6 weeks.

Route of administration: Per oreum (PO)

Routine vaccination:

Human Rotavirus (RV1) (1.5mL oral suspension)	<ul style="list-style-type: none">• 2-dose series• Minimum age is 6 weeks• Minimum interval is 4 weeks• Last dose should not be given beyond 24 weeks of age.
Human-Bovine Rotavirus Reassortants (RV5) (2mL - ready to use liquid dose)	<ul style="list-style-type: none">• 3-dose series• Minimum age is 6-12 weeks• Maximum age for 1st dose is 14 weeks and 6 days• Minimum interval is 4 weeks• Last dose should not be given beyond 32 weeks of age.
Liquid Bovine-Human Reassortant Rotavirus – Pentavalent Vaccine (LBRV-PV) (2mL - ready to use liquid dose)	<ul style="list-style-type: none">• 3-dose series• Minimum age: 6 weeks• Minimum interval: 4 weeks• Last dose should not be given beyond 12 months of age.

Complete the series with the same product whenever possible. However, if brand is not available or not known, continue or complete the series with the product that is available. If any dose in the series was RV5 or the vaccine product is unknown for any dose in the series, a total of 3 doses should be administered.

For infants to whom dose 1 is administered inadvertently at age >15 weeks, the rest of the vaccination series should be completed according to the schedule and age of last dose.

If for any reason an incomplete dose is administered (e.g. infant spits or regurgitates the vaccine), a replacement dose is not recommended.

Infants documented to have had rotavirus gastroenteritis before receiving a full course of rotavirus vaccination should still start or complete the 2- or 3-dose schedule.

- Clinically stable
- Vaccine is administered at time of or after discharge from neonatal intensive care unit or nursery.

2. Infants with **Severe Combined Immunodeficiency Disease (SCID)** and those with **history of intussusception** should not receive rotavirus vaccine.

Influenza Vaccine [Trivalent (TIV) / Quadrivalent (QIV)]

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS				
<p>Type: Inactivated vaccine Minimum age: 6 months Route of administration:</p> <ul style="list-style-type: none"> TIV → Intramuscular (IM) or Subcutaneous (SC) QIV → Intramuscular (IM) <p>Routine vaccination:</p> <table border="1" data-bbox="117 403 656 573"> <tr> <td data-bbox="117 403 256 463">1st Influenza Vaccination</td> <td data-bbox="258 403 656 463"> <ul style="list-style-type: none"> 6 mos. to 8 yrs. → 2 doses; 4 weeks apart 9 yrs. to 18 yrs. → one dose yearly </td> </tr> <tr> <td data-bbox="117 465 256 573">Annual vaccination</td> <td data-bbox="258 465 656 573"> <ul style="list-style-type: none"> Preferably given in February but may be given throughout the year. Minimum interval between annual doses is 4 weeks </td> </tr> </table>	1st Influenza Vaccination	<ul style="list-style-type: none"> 6 mos. to 8 yrs. → 2 doses; 4 weeks apart 9 yrs. to 18 yrs. → one dose yearly 	Annual vaccination	<ul style="list-style-type: none"> Preferably given in February but may be given throughout the year. Minimum interval between annual doses is 4 weeks 	<p>For incompletely vaccinated children ages 6 months to 8 years:</p> <ul style="list-style-type: none"> if only one dose was given during the previous season (as 1st influenza vaccination), give 2 doses of the vaccine at least 4 weeks apart then one dose yearly thereafter. 	<ol style="list-style-type: none"> Influenza vaccine is routinely recommended for all children specially immunocompromised children or those with special chronic medical conditions. Influenza vaccine is available for high-risk individuals through the National Immunization Program. Individuals with previous influenza infection should still receive their annual influenza vaccination.
1st Influenza Vaccination	<ul style="list-style-type: none"> 6 mos. to 8 yrs. → 2 doses; 4 weeks apart 9 yrs. to 18 yrs. → one dose yearly 					
Annual vaccination	<ul style="list-style-type: none"> Preferably given in February but may be given throughout the year. Minimum interval between annual doses is 4 weeks 					

Measles Vaccine

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>Type: Live-attenuated vaccine Minimum age: 9 months Route of administration: Subcutaneous (SC)</p> <p>Routine vaccination:</p> <ul style="list-style-type: none"> If monovalent measles vaccine is not available, then MMR/MR vaccine may be given as substitute for infants below 12 months of age. In such cases, the recipient should receive 2 more MMR vaccines starting at 1 year of age, following the recommended schedules. 		<ol style="list-style-type: none"> In cases of outbreaks as declared by public health authorities, measles vaccine can be given as early as age 6 months. Receipt of IVIG or Rabies Immunoglobulin (RIG): <ul style="list-style-type: none"> Given IVIG (2 g/kg) → Delay MMR for 11 months after receiving IVIG For Animal Bites/Rabies Exposure (RIG) → Delay MMR for 4 months after receiving RIG For recipients of other immunoglobulins and other blood products, refer to the following: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html Exposure to a proven case of measles: <ul style="list-style-type: none"> Give 1 dose of Measles/MR/MMR vaccine within 72 hours from exposure for vaccine-eligible children then complete the doses as indicated.

Measles, Mumps and Rubella Vaccine (MMR)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>Type: Live-attenuated vaccine Minimum age: 12 months Route of administration: Subcutaneous (SC)</p> <p>Routine vaccination:</p> <ul style="list-style-type: none"> • 2 doses of MMR vaccine are recommended. • The 2nd dose is usually given at 4-6 years of age but may be given at an earlier age with a minimum of 4 weeks interval between doses. <p>The NIP provides MMR at 9 months and 12 months of age. Its school-based program provides MR at Grades 1 and 7.</p>	<p>For unvaccinated children and adolescents:</p> <ul style="list-style-type: none"> • 2-dose series at least 4 weeks apart 	<p>1. Receipt of IVIG or Rabies Immunoglobulin (RIG):</p> <ul style="list-style-type: none"> • Given IVIG (2 g/kg) → Delay MMR for 11 months after receiving IVIG • For Animal Bites/Rabies Exposure (RIG) → Delay MMR for 4 months after receiving RIG • For recipients of other immunoglobulins and other blood products, refer to the following: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html <p>2. Exposure to a proven case of measles:</p> <ul style="list-style-type: none"> • Give 1 dose of Measles/MR/MMR vaccine within 72 hours from exposure for vaccine-eligible children then complete the doses as indicated.

Measles, Mumps, Rubella and Varicella Vaccine (MMRV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>Type: Live-attenuated vaccine Minimum age: 12 months Maximum age: 12 years and 0 days Route of administration: Subcutaneous (SC)</p> <p>Routine vaccination:</p> <ul style="list-style-type: none"> • MMRV may be given as an alternative to separately administered MMR and Varicella vaccines. • The recommended minimum interval between doses is 3 months, but a second dose given 4 weeks from the first dose is considered valid. • For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. 		<p>1. Receipt of IVIG or Rabies Immunoglobulin (RIG):</p> <ul style="list-style-type: none"> • Given IVIG (2 g/kg) → Give MMRV at least 11 months after receiving IVIG • For Animal Bites/Rabies Exposure (RIG) → Give MMRV at least 4 months after receiving RIG • For recipients of other immunoglobulins and other blood products, refer to the following: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html <p>2. MMRV is contraindicated in PLHIV.</p>

Japanese Encephalitis Vaccine (JEV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS									
<p>Type: Live-attenuated vaccine Minimum age: 9 months Route of administration: Subcutaneous (SC)</p> <p>Routine vaccination:</p> <table border="1" data-bbox="112 326 658 411"> <thead> <tr> <th>Age</th> <th>No. of Doses</th> <th>Minimum Interval</th> </tr> </thead> <tbody> <tr> <td>9mos-17 yrs</td> <td>2 doses</td> <td>12 months</td> </tr> <tr> <td>>17 yrs</td> <td>1 dose</td> <td></td> </tr> </tbody> </table>	Age	No. of Doses	Minimum Interval	9mos-17 yrs	2 doses	12 months	>17 yrs	1 dose			<p>In children who are recipients of immunoglobulins and/or other blood products, refer to the following: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html</p>
Age	No. of Doses	Minimum Interval									
9mos-17 yrs	2 doses	12 months									
>17 yrs	1 dose										

Varicella Vaccine

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS								
<p>Type: Live-attenuated vaccine Minimum age: 12 months Route of administration: Subcutaneous (SC)</p> <p>Routine vaccination:</p> <ul style="list-style-type: none"> Given as 2-dose series. The 2nd dose is usually given at 4-6 years of age, but may be given earlier at an interval of 3 months from the 1st dose. If the dose was given 4 weeks from the 1st dose, it is considered valid. For children ≥ 13 years of age, the recommended minimum interval between doses is 4 weeks. 	<p>For unimmunized individuals 7-18 years old:</p> <table border="1" data-bbox="697 664 1164 779"> <thead> <tr> <th>Age</th> <th>No. of Doses</th> <th>Minimum Interval</th> </tr> </thead> <tbody> <tr> <td>7-12 years old</td> <td rowspan="2">2 doses</td> <td>3 months</td> </tr> <tr> <td>≥ 13 years old</td> <td>4 weeks</td> </tr> </tbody> </table>	Age	No. of Doses	Minimum Interval	7-12 years old	2 doses	3 months	≥ 13 years old	4 weeks	<p>1. Receipt of IVIG or Rabies Immunoglobulin (RIG):</p> <ul style="list-style-type: none"> Given IVIG (2 g/kg) → Delay varicella vaccine for 11 months after receiving IVIG. For Animal Bites/Rabies Exposure (RIG) → Delay varicella vaccine for 4 months after receiving RIG. For recipients of other immunoglobulins and other blood products, refer to the following: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html <p>2. Exposure to a case of varicella:</p> <ul style="list-style-type: none"> May administer vaccine within 3 to 5 days after exposure for vaccine eligible individuals, then complete the schedule as indicated. For individuals with evidence of immunity (defined as documentation of age-appropriate varicella vaccination and/or diagnosis/verification of varicella or herpes zoster by a healthcare professional and/or laboratory confirmation of disease), there is no need for vaccination.
Age	No. of Doses	Minimum Interval								
7-12 years old	2 doses	3 months								
≥ 13 years old		4 weeks								

Hepatitis A Vaccine (HAV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS												
<p>Type: Inactivated Hepatitis A Vaccine Live-attenuated Hepatitis A Vaccine</p> <table border="1" data-bbox="112 266 654 544"> <thead> <tr> <th></th> <th>Inactivated HAV</th> <th>Live-attenuated HAV</th> </tr> </thead> <tbody> <tr> <td>Minimum age</td> <td>12 months</td> <td>18 months</td> </tr> <tr> <td>Route of administration</td> <td>IM</td> <td>SC</td> </tr> <tr> <td>Routine Vaccination</td> <td>2-dose series with minimum interval of 6 months</td> <td>Single dose</td> </tr> </tbody> </table>		Inactivated HAV	Live-attenuated HAV	Minimum age	12 months	18 months	Route of administration	IM	SC	Routine Vaccination	2-dose series with minimum interval of 6 months	Single dose	<p>For unimmunized children and adolescents:</p> <ul style="list-style-type: none"> • same as routine schedule 	<p>1. Individuals who are at increased risk for infection:</p> <ul style="list-style-type: none"> • Travelers to or are working in countries with intermediate or high endemicity of infection • Men having sex with men (MSM) • Homeless person • Users of injection and non-injection illicit drugs • Working with HAV-infected primates or with HAV in research laboratories • With clotting factor disorders, and chronic liver disease • HIV <p>2. For live-attenuated HAV, in children who are recipients of immunoglobulins and/or other blood products, refer to the following: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html</p> <p>3. For live-attenuated Hepatitis A vaccine, kindly refer to product information for specific contraindications.</p>
	Inactivated HAV	Live-attenuated HAV												
Minimum age	12 months	18 months												
Route of administration	IM	SC												
Routine Vaccination	2-dose series with minimum interval of 6 months	Single dose												

Human Papillomavirus Vaccine (HPV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS																
<p>Type: Inactivated Virus-like Particle Minimum age: 9 years old Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <table border="1" data-bbox="112 1079 654 1291"> <thead> <tr> <th></th> <th>Bivalent (2vHPV)</th> <th>Quadrivalent (4vHPV)</th> <th>Nonavalent (9vHPV)</th> </tr> </thead> <tbody> <tr> <td>Gender</td> <td>Female</td> <td colspan="2">Male and female</td> </tr> <tr> <td>Age: 9-14 years</td> <td colspan="3">2-dose series 0 and 6 to 12 months</td> </tr> <tr> <td>≥15 years</td> <td>0, 1, 6 months</td> <td colspan="2">3-dose series 0, 2, 6 months</td> </tr> </tbody> </table>		Bivalent (2vHPV)	Quadrivalent (4vHPV)	Nonavalent (9vHPV)	Gender	Female	Male and female		Age: 9-14 years	2-dose series 0 and 6 to 12 months			≥15 years	0, 1, 6 months	3-dose series 0, 2, 6 months		<p>1. For 2-dose series:</p> <ul style="list-style-type: none"> • The minimum interval is 5 months. • If the interval between doses is < 5 months, then a 3rd dose should be given at least 4 months after the 2nd dose. • Those aged ≥ 15 years at the time of 2nd dose are adequately covered by 2 doses. <p>2. For 3-dose series:</p> <ul style="list-style-type: none"> • The minimum interval for: <ul style="list-style-type: none"> > dose 1 and 2 is 1 month > dose 2 and 3 is 3 months > dose 1 and 3 is 5 months 	<p>1. Immunocompromised individuals (including those with HIV)</p> <ul style="list-style-type: none"> • should receive 3-dose series regardless of age. <p>2. Pregnancy:</p> <ul style="list-style-type: none"> • Vaccination is not recommended during pregnancy. • Pregnancy testing is not needed before vaccination. • If pregnancy occurs following any HPV dose, subsequent dose should be delayed until after the pregnancy. No intervention is needed if inadvertently vaccinated.
	Bivalent (2vHPV)	Quadrivalent (4vHPV)	Nonavalent (9vHPV)															
Gender	Female	Male and female																
Age: 9-14 years	2-dose series 0 and 6 to 12 months																	
≥15 years	0, 1, 6 months	3-dose series 0, 2, 6 months																

<p>It is not necessary to screen for HPV or HIV infection prior to vaccination.</p>	<p>3.No additional dose is recommended when any HPV vaccine series of any valency has been completed using recommended dosing intervals.</p> <p>4.If administered earlier than minimum interval, repeat the dose.</p>	
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Rabies Vaccine

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS				
<p>Type: Inactivated vaccine Minimum age: no minimum age Route of administration:</p> <ul style="list-style-type: none"> Intramuscular (IM) or Intradermal (ID) <table border="1" data-bbox="112 617 656 994"> <tr> <td data-bbox="112 617 318 734">Recommended age for Rabies pre-exposure prophylaxis (PreP)</td> <td data-bbox="318 617 656 734"> <ul style="list-style-type: none"> 2-10 years old (due to the increased risk and severity of animal bites in this age group) </td> </tr> <tr> <td data-bbox="112 734 318 994">Recommended regimens for PreP using any WHO prequalified vaccine*</td> <td data-bbox="318 734 656 994"> <ul style="list-style-type: none"> Intramuscular (IM) regimen: Purified Vero Cell Rabies vaccine (PVRV) 0.5 mL OR Purified Chick Embryo Cell vaccine (PCECV) 1mL given on days 0 and 7. Intradermal (ID) regimen: PVRV or PCEV 0.1 mL given at 2 separate sites on days 0 and 7. </td> </tr> </table> <p>A repeat dose should be given if the vaccine is inadvertently given subcutaneously.</p> <p>Rabies vaccine should never be given in the gluteal area since absorption is unpredictable.</p> <p>*List of WHO prequalified anti-rabies vaccines: https://extranet.who.int/prequal/vaccines/prequalified-vaccines</p>	Recommended age for Rabies pre-exposure prophylaxis (PreP)	<ul style="list-style-type: none"> 2-10 years old (due to the increased risk and severity of animal bites in this age group) 	Recommended regimens for PreP using any WHO prequalified vaccine*	<ul style="list-style-type: none"> Intramuscular (IM) regimen: Purified Vero Cell Rabies vaccine (PVRV) 0.5 mL OR Purified Chick Embryo Cell vaccine (PCECV) 1mL given on days 0 and 7. Intradermal (ID) regimen: PVRV or PCEV 0.1 mL given at 2 separate sites on days 0 and 7. 	<p>Catch-up series may be started using the same PreP schedule.</p>	<ol style="list-style-type: none"> For PreP of immunocompromised individuals: <ul style="list-style-type: none"> give 3 doses on days 0, 7, 21 or 28 via IM route only. In situations when only WHO non-prequalified vaccines are available, give 3 doses as PreP. For post-exposure prophylaxis (PEP): <ul style="list-style-type: none"> please refer to: https://www.psmid.org/wp-content/uploads/2020/03/CPG-rabies-AO-2018-0013.pdf
Recommended age for Rabies pre-exposure prophylaxis (PreP)	<ul style="list-style-type: none"> 2-10 years old (due to the increased risk and severity of animal bites in this age group) 					
Recommended regimens for PreP using any WHO prequalified vaccine*	<ul style="list-style-type: none"> Intramuscular (IM) regimen: Purified Vero Cell Rabies vaccine (PVRV) 0.5 mL OR Purified Chick Embryo Cell vaccine (PCECV) 1mL given on days 0 and 7. Intradermal (ID) regimen: PVRV or PCEV 0.1 mL given at 2 separate sites on days 0 and 7. 					

Meningococcal Vaccines

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS				
<p>Type: Inactivated vaccine</p> <p>Minimum age:</p> <ul style="list-style-type: none"> MenACWY-TT (5 µg/0.5mL): 6 weeks MenACWY-TT (10 µg/0.5mL): 12 months <p>Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <table border="1" data-bbox="117 385 649 635"> <tr> <td data-bbox="117 385 256 550">MenACWY-TT (5µg/0.5mL)</td> <td data-bbox="262 385 649 550"> <p><u>Infants 6 weeks to < 6 months:</u></p> <ul style="list-style-type: none"> give first 2 doses at least 2 mos. apart the 3rd (booster) dose is at age 12 mos. <p><u>Children ≥ 12 months to >18 years:</u></p> <ul style="list-style-type: none"> single dose </td> </tr> <tr> <td data-bbox="117 554 256 635">MenACWY-TT (10µg/0.5mL)</td> <td data-bbox="262 554 649 635"> <p><u>Children ≥ 12 months to >18 years:</u></p> <ul style="list-style-type: none"> single dose </td> </tr> </table>	MenACWY-TT (5µg/0.5mL)	<p><u>Infants 6 weeks to < 6 months:</u></p> <ul style="list-style-type: none"> give first 2 doses at least 2 mos. apart the 3rd (booster) dose is at age 12 mos. <p><u>Children ≥ 12 months to >18 years:</u></p> <ul style="list-style-type: none"> single dose 	MenACWY-TT (10µg/0.5mL)	<p><u>Children ≥ 12 months to >18 years:</u></p> <ul style="list-style-type: none"> single dose 	<p>For unvaccinated infants from 6 months to < 12 months:</p> <ul style="list-style-type: none"> give 1 dose the 2nd (booster) dose is given at 12 months of age with a minimum interval of at least 2 months after the previous dose. 	<p>Indicated for those at high-risk for invasive disease:</p> <ul style="list-style-type: none"> Persistent complement component deficiencies (including those with inherited or chronic deficiencies in C3, C5-9, properdin, factor D, factor H) Use of complement inhibitors Anatomic/functional asplenia (including sickle cell disease) HIV Travelers to or resident of areas where meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj Men who have sex with men (MSM) College students Belonging to a defined risk group during a community or institutional meningococcal outbreak
MenACWY-TT (5µg/0.5mL)	<p><u>Infants 6 weeks to < 6 months:</u></p> <ul style="list-style-type: none"> give first 2 doses at least 2 mos. apart the 3rd (booster) dose is at age 12 mos. <p><u>Children ≥ 12 months to >18 years:</u></p> <ul style="list-style-type: none"> single dose 					
MenACWY-TT (10µg/0.5mL)	<p><u>Children ≥ 12 months to >18 years:</u></p> <ul style="list-style-type: none"> single dose 					

Cholera Vaccine

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS																				
<p>Type: Inactivated vaccine</p> <p>Route of administration: Per Orem (PO)</p> <table border="1" data-bbox="117 924 658 1300"> <tr> <th data-bbox="117 924 262 1034">Oral Cholera Vaccine Type</th> <th data-bbox="268 924 394 1034">Whole-cell (WC) Bivalent (01, 0139)</th> <th colspan="2" data-bbox="399 924 658 1034">Whole-cell recombinant B-subunit (WC-rBS)</th> </tr> <tr> <td colspan="4" data-bbox="117 1038 658 1061">Primary Doses</td> </tr> <tr> <td data-bbox="117 1066 262 1089">Age</td> <td data-bbox="268 1066 394 1089">12 months</td> <td data-bbox="399 1066 525 1089">2-6 years</td> <td data-bbox="531 1066 658 1089">> 6 years</td> </tr> <tr> <td data-bbox="117 1093 262 1116">Doses</td> <td data-bbox="268 1093 394 1116">2 doses</td> <td data-bbox="399 1093 525 1116">3 doses</td> <td data-bbox="531 1093 658 1116">2 doses</td> </tr> <tr> <td data-bbox="117 1120 262 1300">Interval</td> <td data-bbox="268 1120 394 1300">2 weeks apart</td> <td colspan="2" data-bbox="399 1120 658 1300"> 1- 6 weeks apart If >6 weeks elapse between doses, the primary course should be restarted. </td> </tr> </table>	Oral Cholera Vaccine Type	Whole-cell (WC) Bivalent (01, 0139)	Whole-cell recombinant B-subunit (WC-rBS)		Primary Doses				Age	12 months	2-6 years	> 6 years	Doses	2 doses	3 doses	2 doses	Interval	2 weeks apart	1- 6 weeks apart If >6 weeks elapse between doses, the primary course should be restarted.			<p>Recommended for outbreak situations and natural disasters as declared by health authorities.</p>
Oral Cholera Vaccine Type	Whole-cell (WC) Bivalent (01, 0139)	Whole-cell recombinant B-subunit (WC-rBS)																				
Primary Doses																						
Age	12 months	2-6 years	> 6 years																			
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Interval	2 weeks apart	1- 6 weeks apart If >6 weeks elapse between doses, the primary course should be restarted.																				

Booster Doses			
Revaccination when there is continued risk	Every 3 years	<p>If ≤ 6 mos. interval from previous vaccination, give 1 dose.</p> <p>If > 6 mos. interval, repeat the 3-dose series.</p>	<p>If ≤ 2 years interval from previous vaccination, give 1 dose.</p> <p>If > 2 years interval, repeat the 2-dose series.</p>

Typhoid Vaccine

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>Type: Inactivated Purified Vi-capsular Polysaccharide</p> <p>Minimum age: 2 years of age</p> <p>Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <ul style="list-style-type: none"> • Single dose. • Administer at least 2 weeks prior to potential exposure to <i>S. typhi</i> infection. • If risk of exposure continues, revaccinate every 3 years 		<p>Recommended for travelers to areas where there is a risk for exposure and for outbreak situations as declared by public health authorities.</p>