



CHILDHOOD IMMUNIZATION SCHEDULE 2026

VACCINES	INFANCY									EARLY CHILDHOOD				SCHOOL AGE / ADOLESCENCE					
	Birth	4 wks.	6 wks.	8 wks.	10 wks.	14 wks.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	19-24 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		(see annotations for Hib)							
	Td/Tdap		NIP Td: Grade 1		NIP Td: Grade 7														
PCV	1 st dose		2 nd dose		(see annotations)			1 st booster		(see annotations)			PCV/PPSV (see annotations)						
	3 rd dose		(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/MMR		1 st dose MMR		2 nd dose MMR					
JEV										1 st dose		2 nd dose							
Varicella										1 st dose		2 nd dose							
Hepatitis A										(see annotations)									
HPV										(see annotations)									
Rabies										(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)
 NIP/PIDSP CATCH-UP
 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.

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/MR
- 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 of age who have not received BCG at birth, catch up vaccination can be given at the earliest encounter after careful assessment if the child is included in “special considerations.” The NIP provides BCG catch up vaccination to infants up to 1 year of age.</p> <p>BCG vaccination is recommended for unvaccinated TST- or IGRA-negative older children from settings with high incidence of TB and those moving from low to high TB incidence settings.</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), including HIV-confirmed neonates and children who are receiving ART, clinically well and 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. For neonates of unknown HIV status born to women living with HIV who are not receiving ART or with >1,000 viral load, BCG vaccination should be delayed until ARV has been started and the infant is confirmed to be immunologically stable (CD4 >25%).</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>
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>	<p>The NIP provides catch up Hep B birth dose to infants up to 14 days old.</p>	<ul style="list-style-type: none"> • <u>With birth weight ≥ 2 kg.</u>, 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. • <u>With birth weight <2 kg.</u>, administer HBIG in addition to HBV within 12 hours of life. • <u>For infants born <2 kg.</u>, 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="115 1037 639 1204"> <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 months (DTP) 4-6 years (DTP) 7-18 years (Tdap)</td> <td>4 years</td> </tr> </tbody> </table>		Number of Doses	Minimum Interval	Primary Series	3-dose series	4 weeks	Booster Doses	12-18 months (DTP) 4-6 years (DTP) 7-18 years (Tdap)	4 years	<p>1. For unvaccinated children 4 months to 6 years old:</p> <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> <p>2. For delayed or interrupted DTP-containing series:</p> <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 902 1841 1146"> <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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<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>	<p>The NIP provides catch up doses of DTP-containing pentavalent vaccines to infants up to 2 years of age.</p>	
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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="112 710 643 1020"> <tr> <td colspan="2" data-bbox="112 710 643 742">IPV-only Schedule:</td> </tr> <tr> <td data-bbox="112 742 266 824">Primary Series</td> <td data-bbox="266 742 643 824">3 dose series Minimum age: 6 weeks old Minimum interval: 4 weeks</td> </tr> <tr> <td data-bbox="112 824 266 879">1st booster</td> <td data-bbox="266 824 643 879">12-18 months old (interval of 6 months from the 3rd dose)</td> </tr> <tr> <td data-bbox="112 879 266 911">2nd booster</td> <td data-bbox="266 879 643 911">4-6 years old</td> </tr> <tr> <td colspan="2" data-bbox="112 911 643 942">NIP Schedule:</td> </tr> <tr> <td data-bbox="112 942 266 965">OPV</td> <td data-bbox="266 942 643 965">3 doses at 6, 10, 14 weeks old</td> </tr> <tr> <td data-bbox="112 965 266 1020">IPV</td> <td data-bbox="266 965 643 1020">1st dose: 14 weeks old 2nd dose: 9 months old</td> </tr> </table> <p>OPV and rotavirus vaccines may be given together or at any interval. Live oral vaccines can be administered simultaneously with, or at any interval before or after, non-live or live injectable vaccines.</p>	IPV-only Schedule:		Primary Series	3 dose series Minimum age: 6 weeks old Minimum interval: 4 weeks	1st booster	12-18 months old (interval of 6 months from the 3 rd dose)	2nd 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"> <li data-bbox="672 477 1178 522">1. Given as Inactivated Polio Vaccine <li data-bbox="672 522 1178 783">2. For unvaccinated children ages \geq 4 months to 18 years, complete the series as follows: <ul style="list-style-type: none"> <li data-bbox="672 605 1178 636">• Dose 1 to 2: Minimum interval is 4 weeks <li data-bbox="672 636 1178 668">• Dose 2 to 3: Minimum interval is 6 months <li data-bbox="672 668 1178 699">• Dose 3 to 4: Minimum interval is 6 months <li data-bbox="672 699 1178 783">• Dose 4 is not necessary if 3rd dose was given at \geq age 4 years and at least 6 months after the previous dose. <li data-bbox="672 783 1178 893">3. For partially vaccinated children ages \geq 4 months to 18 years, continue the series as above. No need to restart. 	<ol style="list-style-type: none"> <li data-bbox="1178 477 1852 605">1. People Living with HIV (PLHIV) / Immunocompromised <ul style="list-style-type: none"> <li data-bbox="1178 509 1852 540">• OPV is contraindicated. <li data-bbox="1178 540 1852 605">• IPV is the only polio vaccine recommended for people with immunodeficiency and people in their households. <li data-bbox="1178 605 1852 783">2. 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"> <li data-bbox="1178 714 1852 783">• In such cases, OPV may be given earlier than 6 weeks, though it is NOT counted as part of the 3-dose primary series.
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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 Minimum age: 6 weeks Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <table border="1" data-bbox="112 422 658 614"> <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> <tr> <td>Booster Dose</td> <td>1 dose</td> <td>Age: 12-15 months, with interval of 6 mos. from the 3rd dose</td> </tr> </tbody> </table> <p>Given in combination with DTP-containing vaccine</p>		Number of doses	Minimum Interval	Primary Series	3 doses	4 weeks	Booster Dose	1 dose	Age: 12-15 months, with interval of 6 mos. from the 3 rd dose	<p>1. For children ages 4 months to 6 years who received their first dose at any of the following ages:</p> <table border="1" data-bbox="710 395 1164 635"> <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> <tr> <td>12-14 months</td> <td> <ul style="list-style-type: none"> Give 2 doses only Dose 1 to 2 → 8 weeks interval </td> </tr> <tr> <td>≥15 months</td> <td> <ul style="list-style-type: none"> No further doses needed </td> </tr> </tbody> </table> <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. 	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) 	12-14 months	<ul style="list-style-type: none"> Give 2 doses only Dose 1 to 2 → 8 weeks interval 	≥15 months	<ul style="list-style-type: none"> No further doses needed 	<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> <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. <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 or partially immunized 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>*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.</p> <p>The NIP provides Td vaccine at Grade 1 and Grade 7 as part of their school-based immunization program.</p>	<p>1. For unvaccinated children ages 7-18 years old:</p> <table border="1" data-bbox="697 364 1161 543"> <tr> <td>Primary doses</td> <td> <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>Booster doses</td> <td> <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">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> <table border="1" data-bbox="697 648 1161 765"> <tr> <td>7-9 years</td> <td> <ul style="list-style-type: none"> give one dose Tdap and another dose at age 11–12 years. </td> </tr> <tr> <td>10-18 years</td> <td> <ul style="list-style-type: none"> give one dose Tdap and every 10 years thereafter </td> </tr> </table> <p>3. For DTaP inadvertently administered on or after age 7 years:</p> <table border="1" data-bbox="697 871 1161 1009"> <tr> <td>7-9 years</td> <td> <ul style="list-style-type: none"> DTaP may count as part of catch-up series. Administer adolescent Tdap booster dose at age 11–12 years </td> </tr> <tr> <td>10-18 years</td> <td> <ul style="list-style-type: none"> Count dose of DTaP as the adolescent Tdap booster dose </td> </tr> </table>	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.		7-9 years	<ul style="list-style-type: none"> give one dose Tdap and another dose at age 11–12 years. 	10-18 years	<ul style="list-style-type: none"> give one dose Tdap and every 10 years thereafter 	7-9 years	<ul style="list-style-type: none"> DTaP may count as part of catch-up series. Administer adolescent Tdap booster dose at age 11–12 years 	10-18 years	<ul style="list-style-type: none"> Count dose of DTaP as the adolescent Tdap booster dose 	<p>1. Wound management (for children ≥7 years)</p> <table border="1" data-bbox="1222 333 1823 614"> <tr> <th>History of tetanus-toxoid containing vaccine</th> <th>Clean, Minor wounds</th> <th>All other wounds</th> </tr> <tr> <td>Unknown or < 3 doses</td> <td>Tdap/Td</td> <td>Tdap/Td</td> </tr> <tr> <td>3 or more</td> <td>Tdap/Td, if ≥10 years since last tetanus-containing vaccine dose</td> <td>Tdap/Td, if ≥5 years since last tetanus-containing vaccine dose</td> </tr> </table> <ul style="list-style-type: none"> 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. <p>2. Pregnant Adolescents</p> <ul style="list-style-type: none"> 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. 	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
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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" data-bbox="112 532 658 731"> <thead> <tr> <th></th> <th>Booster Dose Age and Minimum Interval</th> <th>Maximum Age</th> </tr> </thead> <tbody> <tr> <td>PHiD-CV 10</td> <td>at 12-15 months of age,</td> <td>5 years</td> </tr> <tr> <td>PCV-10 SII</td> <td>6 months after the 3rd dose</td> <td>2 years</td> </tr> <tr> <td>PCV 13 PCV 15 PCV 20</td> <td>at 11-15 months of age, 2 months after the 3rd dose</td> <td>>18 years</td> </tr> </tbody> </table> <p>The NIP provides PCV at 6,10, and 14 weeks of age.</p> <p>When continuing the entire series with the same product is NOT feasible, PCVs may be used interchangeably to complete the immunization schedule.</p>		Booster Dose Age and Minimum Interval	Maximum Age	PHiD-CV 10	at 12-15 months of age,	5 years	PCV-10 SII	6 months after the 3 rd dose	2 years	PCV 13 PCV 15 PCV 20	at 11-15 months of age, 2 months after the 3 rd dose	>18 years	<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" data-bbox="691 408 1166 598"> <tbody> <tr> <td>PHiD-CV 10 PCV 13 PCV 15 PCV 20</td> <td>Dose 1 to 2 → 4 weeks apart Dose 2 to 3 → 8 weeks apart, with 3rd dose given at 12 months of age</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 24 months of age</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Ages 12months to <19 years: <table border="1" data-bbox="691 673 1166 806"> <tbody> <tr> <td>PHiD-CV 10</td> <td>12months-5 years</td> <td rowspan="2">2 doses at least 8 weeks apart</td> </tr> <tr> <td>PCV-10 SII</td> <td>12 -24 months</td> </tr> <tr> <td rowspan="2">PCV 13/15/20</td> <td>12-23 months</td> <td rowspan="2">1 dose</td> </tr> <tr> <td>≥ 2 years</td> </tr> </tbody> </table> <p>The NIP provides catch up doses of PCV to infants up to 2 years of age.</p>	PHiD-CV 10 PCV 13 PCV 15 PCV 20	Dose 1 to 2 → 4 weeks apart Dose 2 to 3 → 8 weeks apart, with 3 rd dose given at 12 months of age	PCV-10 SII	Dose 1 to 2 → 4 weeks apart Dose 2 to 3 → 8 weeks apart, with 3 rd dose given at 24 months of age	PHiD-CV 10	12months-5 years	2 doses at least 8 weeks apart	PCV-10 SII	12 -24 months	PCV 13/15/20	12-23 months	1 dose	≥ 2 years	<p>1. For preterm infants <37 weeks at birth:</p> <table border="1" data-bbox="1219 334 1843 581"> <tbody> <tr> <td>PCV 13, PCV 15, PCV 20, 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, PCV 20</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> </tbody> </table> <p>2. For immunocompromised children and those with high-risk medical conditions*:</p> <ul style="list-style-type: none"> • In unvaccinated children aged 2 to 18 years, give a single dose of PCV (PCV 13, 15, or 20). If either PCV 13 or PCV15 was used, it should be followed by a dose of either PCV 20 or PPSV23 at least 8 weeks later. If PCV 20 was used, there is NO need to give PPSV23. • Children aged 2-5 years old with incomplete PCV vaccination status should receive PCV 13, PCV 15 or PCV20 according to the recommended dosing and schedule. • In children aged 2 to 18 years who have already completed a PCV series before age 6, and have not received PCV20, a dose of PCV20 or PPSV23 is recommended. If the completed series included ≥ one dose of PCV20, there is NO need for additional PCV or PPSV23 vaccine . • For HSCT patients, please consult healthcare specialist. <p>* <u>Underlying medical conditions</u> include the following:</p> <ul style="list-style-type: none"> • cerebrospinal fluid leak 	PCV 13, PCV 15, PCV 20, 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, PCV 20	• 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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		<ul style="list-style-type: none"> • chronic renal failure or nephrotic syndrome • cochlear implant • congenital or acquired asplenia or splenic dysfunction • congenital or acquired immunodeficiencies; HIV infection • diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant • sickle cell disease and other hemoglobinopathies • chronic heart or lung disease • diabetes mellitus
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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 PPSV23 in addition to PCV, if PCV20 was NOT part of the individual's routine pneumococcal vaccination series. • 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" data-bbox="697 765 1161 1019"> <tr> <td data-bbox="697 765 861 882"> Partially vaccinated with 3 doses of PCV </td> <td data-bbox="865 765 1161 882"> <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 data-bbox="697 884 861 1019"> Unvaccinated or partially vaccinated with < 3 doses of PCV </td> <td data-bbox="865 884 1161 1019"> <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. 	Partially 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 partially 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 (particularly
Partially 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 partially 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. 					

	*See special considerations.	<p>C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)</p> <ul style="list-style-type: none"> • Generalized malignancy • Iatrogenic immunosuppression (including long-term systemic corticosteroids and radiation therapy) • Solid organ transplant • Multiple myeloma <p>**2 doses of PPSV23 only, to be given at least 5 years apart.</p>
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Rotavirus Vaccine (RV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS						
<p>Type: Live-attenuated vaccine Minimum age: 6 weeks old Route of administration: Per Orem (PO)</p> <p>Routine vaccination:</p> <table border="1" data-bbox="112 738 656 1245"> <tr> <td data-bbox="112 738 338 871"> <p>Human Rotavirus (RV1) (1.5mL oral suspension)</p> </td> <td data-bbox="341 738 656 871"> <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. </td> </tr> <tr> <td data-bbox="112 873 338 1087"> <p>Human-Bovine Live-attenuated Reassortant Rotavirus (RV5) (2mL - ready to use liquid dose)</p> </td> <td data-bbox="341 873 656 1087"> <ul style="list-style-type: none"> • 3-dose series • Minimum age is 6 to 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. </td> </tr> <tr> <td data-bbox="112 1090 338 1245"> <p>Human-Bovine Live-attenuated Reassortant Rotavirus (RV5)-SII (2mL - ready to use liquid dose)</p> </td> <td data-bbox="341 1090 656 1245"> <ul style="list-style-type: none"> • 3-dose series • Minimum age is 6 weeks • Minimum interval is 4 weeks • Last dose should NOT be given beyond 12 months of age. </td> </tr> </table>	<p>Human Rotavirus (RV1) (1.5mL oral suspension)</p>	<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. 	<p>Human-Bovine Live-attenuated Reassortant Rotavirus (RV5) (2mL - ready to use liquid dose)</p>	<ul style="list-style-type: none"> • 3-dose series • Minimum age is 6 to 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. 	<p>Human-Bovine Live-attenuated Reassortant Rotavirus (RV5)-SII (2mL - ready to use liquid dose)</p>	<ul style="list-style-type: none"> • 3-dose series • Minimum age is 6 weeks • Minimum interval is 4 weeks • Last dose should NOT be given beyond 12 months of age. 	<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. • Clinically stable • Vaccine is administered at time of or after discharge from neonatal intensive care unit or nursery. <p>2. Infants with Severe Combined Immunodeficiency Disease (SCID) and those with history of intussusception should NOT receive rotavirus vaccine.</p>
<p>Human Rotavirus (RV1) (1.5mL oral suspension)</p>	<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. 							
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<p>Human-Bovine Live-attenuated Reassortant Rotavirus (RV5)-SII (2mL - ready to use liquid dose)</p>	<ul style="list-style-type: none"> • 3-dose series • Minimum age is 6 weeks • Minimum interval is 4 weeks • Last dose should NOT be given beyond 12 months of age. 							

<p>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.</p> <p>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.</p> <p>If for any reason an incomplete dose is administered (e.g. infant spits or regurgitates the vaccine), a replacement dose is not recommended.</p> <p>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.</p> <p>OPV and rotavirus vaccines may be given together or at any interval. Live oral vaccines can be administered simultaneously with, or at any interval before or after, non-live or live injectable vaccines.</p>		
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Influenza Vaccine [Trivalent (TIV) / Quadrivalent (QIV)]

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>Type: Inactivated vaccine Minimum age: 6 months</p> <p>Route of administration:</p> <ul style="list-style-type: none"> • TIV → Intramuscular (IM) or Subcutaneous (SC) • QIV → Intramuscular (IM) 	<p>For incompletely vaccinated children ages 6 months to 8 years:</p> <ul style="list-style-type: none"> • if only 1 dose was given during the previous season (as 1st influenza vaccination), give 2 doses of the vaccine at least 4 weeks apart then 1 dose yearly thereafter 	<ol style="list-style-type: none"> 1. Influenza vaccine is routinely recommended for all children especially immunocompromised children or those with chronic medical conditions. 2. Influenza vaccine is available for high-risk individuals through the National Immunization Program. 3. Individuals with previous influenza infection should still receive their annual influenza vaccination.

Routine vaccination:			
1st Influenza Vaccination	<ul style="list-style-type: none"> • 6 months to 8 years → 2 doses, to be given 4 weeks apart • 9 to 18 years → 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"> 1. In cases of outbreaks as declared by public health authorities, measles vaccine can be given as early as age 6 months. 2. 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 3. 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 (Measles-Rubella) 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>To augment coverage rates, the NIP may provide vaccination with MMR to children until 2 years of age, and with MR until 5 years of age during Catch-up campaigns.</p>	<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/imz-best-practices/timing-spacing-immunobiologics.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 2nd dose given 4 weeks from the 1st dose is considered valid. • For dose 1 in children age 12 to 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="112 426 656 513"> <thead> <tr> <th>Age</th> <th>No. of Doses</th> <th>Minimum Interval</th> </tr> </thead> <tbody> <tr> <td>9 months-17 years</td> <td>2 doses</td> <td>12 months</td> </tr> <tr> <td>>17 years</td> <td>1 dose</td> <td></td> </tr> </tbody> </table>	Age	No. of Doses	Minimum Interval	9 months-17 years	2 doses	12 months	>17 years	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/imz-best-practices/timing-spacing-immunobiologics.html</p>
Age	No. of Doses	Minimum Interval									
9 months-17 years	2 doses	12 months									
>17 years	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 to 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 to 18 years old:</p> <table border="1" data-bbox="697 744 1164 858"> <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) \rightarrow Delay varicella vaccine for 11 months after receiving IVIG. For Animal Bites/Rabies Exposure (RIG) \rightarrow 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="112 363 654 646"> <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 • Those working with HAV-infected primates or with HAV in research laboratories • Those with clotting factor disorders and chronic liver disease • PLHIV <p>2. For live-attenuated HAV, in children who are recipients of immunoglobulins and/or other blood products, refer to the following:</p> <p>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 (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 1174 654 1259"> <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> </tbody> </table>		Bivalent (2vHPV)	Quadrivalent (4vHPV)	Nonavalent (9vHPV)	Gender	Female	Male and female		<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>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
	Bivalent (2vHPV)	Quadrivalent (4vHPV)	Nonavalent (9vHPV)							
Gender	Female	Male and female								

<p>Age: 9-14 years</p> <p><u>2-dose series:</u> 0 and 6 to 12 months</p>	<p><u>3-dose series:</u> 0, 1, 6 months</p> <p><u>3-dose series:</u> 0, 2, 6 months</p>	<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>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>	<p>should be delayed until after the pregnancy. NO intervention is needed if inadvertently vaccinated.</p>
<p>It is not necessary to screen for HPV or HIV infection prior to vaccination.</p> <p>The NIP provides HPV vaccination to females with 2 doses one year apart via 2 programs:</p> <ul style="list-style-type: none"> At Grade 4 in a school-based program OR At 9 years old in a community based program 			

Rabies Vaccine

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS				
<p>Type: Inactivated vaccine</p> <p>Minimum age: no minimum age</p> <p>Route of administration:</p> <ul style="list-style-type: none"> Intramuscular (IM) or Intradermal (ID) <table border="1"> <tr> <td> <p>Recommended age for Rabies pre-exposure prophylaxis (PrEP):</p> </td> <td> <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> <p>Recommended regimens for PrEP using any WHO prequalified vaccine*:</p> </td> <td> <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) 1 mL given on days 0, 7 and 21/28. Intradermal (ID) regimen: PVRV or PCEV 0.1 mL given at 2 separate sites on days 0, 7 and 21/28. </td> </tr> </table>	<p>Recommended age for Rabies pre-exposure prophylaxis (PrEP):</p>	<ul style="list-style-type: none"> 2-10 years old (Due to the increased risk and severity of animal bites in this age group) 	<p>Recommended regimens for PrEP using any WHO prequalified vaccine*:</p>	<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) 1 mL given on days 0, 7 and 21/28. Intradermal (ID) regimen: PVRV or PCEV 0.1 mL given at 2 separate sites on days 0, 7 and 21/28. 	<p>Catch-up series may be started using the same PrEP schedule.</p>	<p>1. For PrEP of immunocompromised individuals:</p> <ul style="list-style-type: none"> give 3 doses on days 0, 7, 21 or 28 via IM route only. <p>2. In situations when only WHO non-prequalified vaccines are available, give 3 doses as PrEP.</p> <p>3. For post-exposure prophylaxis (PEP):</p> <ul style="list-style-type: none"> please refer to: https://acrobat.adobe.com/id/urn:aaid:sc:AP:90e67e63-b2b1-4705-99bd-d3bc839f1884
<p>Recommended age for Rabies pre-exposure prophylaxis (PrEP):</p>	<ul style="list-style-type: none"> 2-10 years old (Due to the increased risk and severity of animal bites in this age group) 					
<p>Recommended regimens for PrEP using any WHO prequalified vaccine*:</p>	<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) 1 mL given on days 0, 7 and 21/28. Intradermal (ID) regimen: PVRV or PCEV 0.1 mL given at 2 separate sites on days 0, 7 and 21/28. 					

<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>		
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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 • 4CMenB (0.5mL): 2 months <p>Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <p>MenACWY</p> <table border="1" data-bbox="112 902 656 1248"> <tr> <td data-bbox="112 902 260 1248">MenACWY-TT (5µg/0.5mL)</td> <td data-bbox="260 902 656 1248"> <p><u>Infants 6 weeks to < 6 months:</u></p> <ul style="list-style-type: none"> • give first 2 doses at least 2 months apart • the 3rd (booster) dose is at age 12 months <p><u>Unvaccinated infants from 6 months to < 12 months:</u></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 </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 months apart • the 3rd (booster) dose is at age 12 months <p><u>Unvaccinated infants from 6 months to < 12 months:</u></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>*Both MenACWY and 4CMenB vaccines are 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 • Men who have sex with men (MSM) • Adolescent and college students in congregate settings • Belonging to a defined risk group during a community or institutional meningococcal outbreak <p>MenACWY and MenB vaccines may be administered during the same visit, but at different injection sites. If NOT simultaneously administered, there is NO minimum interval between the two vaccines.</p>
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 months apart • the 3rd (booster) dose is at age 12 months <p><u>Unvaccinated infants from 6 months to < 12 months:</u></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 			

	Children ≥ 12 months to >18 years: • single dose		
MenACWY-TT (10µg/0.5mL)	Children ≥ 12 months to >18 years: • single dose		
4CMenB			
Age at 1st dose	Primary Series	Booster	
2-5 months	2 doses, at least 2 months apart <u>Infants at increased risk*</u> : give 3 doses at least 1 month apart	1 dose at 12-15 months, at least 6 months after the primary series	**For children aged 2 to 18 years who are at continued risk of exposure to meningococcal disease, give 1 st booster 1 year after the primary series, then every 2 to 3 years as long as risk continues.
6-11 months	2 doses at least 2 months apart	1 dose at 2 years old, at least 2 months after the primary series	
12-23 months	2 doses at least 2 months apart	1 dose given 12 to 23 months after the primary series	
2-18 years	2 doses at least 1 month apart	See special considerations**	

Cholera Vaccine

GENERAL INFORMATION AND RECOMMENDATION		CATCH-UP RECOMMENDATION		SPECIAL CONSIDERATIONS	
Type: Inactivated vaccine Route of administration: Per Orem (PO)				Recommended for outbreak situations and natural disasters as declared by health authorities.	
	Whole-cell 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.	
Booster Doses			
Revaccination when there is continued risk	Every 3 years	If ≤ 6 mos. interval from previous vaccination, give 1 dose.	If ≤ 2 years interval from previous vaccination, give 1 dose.
		If > 6 mos. interval, repeat the 3-dose series.	If > 2 years interval, repeat the 2-dose series.

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 		Recommended for travelers to areas where there is a risk for exposure and for outbreak situations as declared by public health authorities.