



CHILDHOOD IMMUNIZATION SCHEDULE 2027

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																	
NIP: Polio	Birth dose																	
OPV																		
IPV																		
DTwP/DTap-Hib-IPV (+/- HepB)																		
Td/Tdap																		
PCV																		
RV																		
Influenza																		
NIP: MMR/MR																		
Measles/MMR																		
JEV																		
Varicella																		
Hepatitis A																		
HPV																		
Rabies																		
Meningococcal																		
Cholera																		
Typhoid																		

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

AN NOTATIONS

Bacille Calmette-Guerin (BCG)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>Type: Live-attenuated vaccine</p> <p>Minimum age: At birth</p> <p>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 and are 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 whose viral load is >1,000 copies/mL, 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</p> <p>Minimum age: At birth</p> <p>Route of administration: Intramuscular (IM)</p> <p>Routine vaccination: 3-dose series</p> <table><tr><td>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></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	<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
4th dose	Needed if the last dose was given at <24 weeks old

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.

For non-responders to the initial vaccination series:
A second series of 0, 1, and 6 month vaccination is recommended.

Routine serology testing is NOT recommended for immunocompetent individuals.

The NIP provides catch up Hep B birth dose to infants up to 14 days old.

- With birth weight ≥ 2 kg, 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.
- With birth weight <2 kg, administer HBIG in addition to HBV within 12 hours of life.
- For infants born weighing <2 kg, the 1st dose received at birth is not counted as part of the vaccine series. Additional 3 HBV doses are needed.

3. Post-vaccination serology testing and revaccination (if anti-HBs <10mIU/mL) is recommended for certain populations, including:

- 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)

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"> <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 to 18 months (DTP) 4 to 6 years (DTP) 7 to 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 to 18 months (DTP) 4 to 6 years (DTP) 7 to 18 years (Tdap)	4 years	<p>1. For unvaccinated children aged 4 months to 6 years, the minimum intervals are as follows:</p> <ul style="list-style-type: none"> • Dose 1 to 2 → 4 weeks • Dose 2 to 3 → 4 weeks • Dose 3 to 4 → 6 months • Dose 4 to 5* → at least 4 years <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 old)</p> <table border="1"> <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
	Number of Doses	Minimum Interval																		
Primary Series	3-dose series	4 weeks																		
Booster Doses	12 to 18 months (DTP) 4 to 6 years (DTP) 7 to 18 years (Tdap)	4 years																		
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																		

<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>	
--	--	--

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><tr><th colspan="2">IPV-only Schedule:</th></tr><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 to 18 months old (interval of 6 months from the 3rd dose)</td></tr><tr><td>2nd booster</td><td>4 to 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></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 to 18 months old (interval of 6 months from the 3 rd dose)	2nd booster	4 to 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	<p>1. Given only as Inactivated Polio Vaccine (IPV).</p> <p>2. For unvaccinated children aged 4 months to 6 years, the minimum intervals are as follows:</p> <ul style="list-style-type: none">• Dose 1 to 2 → 4 weeks• Dose 2 to 3 → 4 weeks• Dose 3 to 4 → 6 months <p>*The minimum age is 4 years for final dose.</p> <p>3. For children and adolescents aged 7 to 18 years, the minimum intervals are as follows:</p> <ul style="list-style-type: none">• Dose 1 to 2 → 4 weeks• Dose 2 to 3 → 6 months <p>*A 4th dose is NOT necessary if the 3rd dose was given at age ≥ 4 years AND at least 6 months after the previous dose.</p> <p>*A 4th dose is INDICATED if all previous doses were given before age 4 OR if the 3rd dose was given < 6 months after the 2nd dose.</p>	<p>1. People Living with HIV (PLHIV) / Immunocompromised</p> <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. <p>2. OPV may be given in addition to routine polio vaccination as part of DOH-Supplemental Immunization Activity (SIA) Program.</p> <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															
1st booster	12 to 18 months old (interval of 6 months from the 3 rd dose)															
2nd booster	4 to 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															

Hemophilus 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><tr><th></th><th>Number of Doses</th><th>Minimum Interval</th></tr><tr><td>Primary Series</td><td>3 doses</td><td>4 weeks</td></tr><tr><td>Booster Dose</td><td>1 dose</td><td><u>Age:</u> 12-15 months, with interval of 6 months from the 3rd dose</td></tr></table> <p>This is given in combination with a DTP-containing vaccine.</p>		Number of Doses	Minimum Interval	Primary Series	3 doses	4 weeks	Booster Dose	1 dose	<u>Age:</u> 12-15 months, with interval of 6 months from the 3 rd dose	<p>1. For children aged 4 months to 6 years who received their first dose at any of the following ages:</p> <table><tr><td>7-11 months</td><td><ul style="list-style-type: none">Give 3 dosesDose 1 to 2 → 4 weeks intervalDose 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 onlyDose 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></table> <p>2. For unvaccinated children aged 5 years or older who are NOT high-risk, catch-up vaccination is NOT required.</p>	7-11 months	<ul style="list-style-type: none">Give 3 dosesDose 1 to 2 → 4 weeks intervalDose 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 onlyDose 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 treatmentHematopoietic stem cell transplant (HSCT)Anatomic/functional asplenia including sickle cell diseaseElective splenectomyHIV infectionImmunoglobulin or early component complement deficiency <p>1. For high-risk children aged 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.Aged 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.
	Number of Doses	Minimum Interval															
Primary Series	3 doses	4 weeks															
Booster Dose	1 dose	<u>Age:</u> 12-15 months, with interval of 6 months from the 3 rd dose															
7-11 months	<ul style="list-style-type: none">Give 3 dosesDose 1 to 2 → 4 weeks intervalDose 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 onlyDose 1 to 2 → 8 weeks interval																
≥15 months	<ul style="list-style-type: none">No further doses needed																

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</p> <p>Minimum age: 7 years</p> <p>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 aged 7 to 18 years, the minimum intervals are as follows:</p> <table><tr><td>Primary doses</td><td><ul style="list-style-type: none">Dose 1 to 2 → 4 weeksDose 2 to 3 → 6 months</td></tr><tr><td>Booster doses</td><td><ul style="list-style-type: none">Dose 3 to 4 → at least 1 yearDose 4 to 5 → at least 1 year</td></tr><tr><td colspan="2">Use Tdap as one of the 5 doses, preferably as <i>first</i> dose.</td></tr></table> <p>2. For aged 7 to 18 years with incomplete DTP doses:</p> <table><tr><td>7 to 9 years</td><td><ul style="list-style-type: none">give one dose Tdap and another dose at age 11 to 12 years.</td></tr><tr><td>10 to 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><tr><td>7 to 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 to 12 years</td></tr><tr><td>10 to 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 → 4 weeksDose 2 to 3 → 6 months	Booster doses	<ul style="list-style-type: none">Dose 3 to 4 → at least 1 yearDose 4 to 5 → at least 1 year	Use Tdap as one of the 5 doses, preferably as <i>first</i> dose.		7 to 9 years	<ul style="list-style-type: none">give one dose Tdap and another dose at age 11 to 12 years.	10 to 18 years	<ul style="list-style-type: none">give one dose Tdap and every 10 years thereafter	7 to 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 to 12 years	10 to 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><tr><td>History of tetanus-toxoid containing vaccine</td><td>Clean, Minor wounds</td><td>All other wounds</td></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
Primary doses	<ul style="list-style-type: none">Dose 1 to 2 → 4 weeksDose 2 to 3 → 6 months																								
Booster doses	<ul style="list-style-type: none">Dose 3 to 4 → at least 1 yearDose 4 to 5 → at least 1 year																								
Use Tdap as one of the 5 doses, preferably as <i>first</i> dose.																									
7 to 9 years	<ul style="list-style-type: none">give one dose Tdap and another dose at age 11 to 12 years.																								
10 to 18 years	<ul style="list-style-type: none">give one dose Tdap and every 10 years thereafter																								
7 to 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 to 12 years																								
10 to 18 years	<ul style="list-style-type: none">Count dose of DTaP as the adolescent Tdap booster dose																								
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																							

Pneumococcal Conjugate Vaccine (PCV)

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> <ul style="list-style-type: none">• Primary series of 3 doses• Minimum interval between doses is 4-8 weeks• Booster dose: 1 dose <table><tr><th></th><th>Booster Dose Age and Minimum Interval</th><th>Maximum Age</th></tr><tr><td>PHiD-CV 10</td><td rowspan="2">at 12 to 15 months of age, 6 months after the 3rd dose</td><td>5 years</td></tr><tr><td>PCV-10 SII</td><td>2 years</td></tr><tr><td>PCV 13 PCV 15 PCV 20</td><td>at 11 to 15 months of age, 2 months after the 3rd dose</td><td>>18 years</td></tr></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 to 15 months of age, 6 months after the 3 rd dose	5 years	PCV-10 SII	2 years	PCV 13 PCV 15 PCV 20	at 11 to 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">• Aged 7 to 11 months, give a total of 3 doses. <table><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></table> <ul style="list-style-type: none">• Aged 12 months to <19 years: <table><tr><td>PHiD-CV 10</td><td>12months to 5 years</td><td rowspan="2">2 doses at least 8 weeks apart</td></tr><tr><td>PCV-10 SII</td><td>12 to 24 months</td></tr><tr><td rowspan="2">PCV 13/15/20</td><td>12 to 23 months</td><td rowspan="2">1 dose</td></tr><tr><td>≥ 2 years</td></tr></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 to 5 years	2 doses at least 8 weeks apart	PCV-10 SII	12 to 24 months	PCV 13/15/20	12 to 23 months	1 dose	≥ 2 years	<p>1. For preterm infants <37 weeks at birth:</p> <table><tr><td>PCV 13, PCV 15, PCV 20, PHiD-CV 10</td><td><ul style="list-style-type: none">• 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><ul style="list-style-type: none">• 4th dose given at 11 to 15 months of age.</td></tr><tr><td>PHiD-CV 10</td><td><ul style="list-style-type: none">• 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">• 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 to 5 years 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• chronic renal failure or nephrotic syndrome	PCV 13, PCV 15, PCV 20, PHiD-CV 10	<ul style="list-style-type: none">• 4-dose regimen• 1st dose is administered as early as 6 weeks followed by 2 additional doses at least 4 weeks apart.	PCV 13, PCV 15, PCV 20	<ul style="list-style-type: none">• 4th dose given at 11 to 15 months of age.	PHiD-CV 10	<ul style="list-style-type: none">• 4th dose given at least 6 months after the last primary dose.
	Booster Dose Age and Minimum Interval	Maximum Age																														
PHiD-CV 10	at 12 to 15 months of age, 6 months after the 3 rd dose	5 years																														
PCV-10 SII		2 years																														
PCV 13 PCV 15 PCV 20	at 11 to 15 months of age, 2 months after the 3 rd dose	>18 years																														
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 to 5 years	2 doses at least 8 weeks apart																														
PCV-10 SII	12 to 24 months																															
PCV 13/15/20	12 to 23 months	1 dose																														
	≥ 2 years																															
PCV 13, PCV 15, PCV 20, PHiD-CV 10	<ul style="list-style-type: none">• 4-dose regimen• 1st dose is administered as early as 6 weeks followed by 2 additional doses at least 4 weeks apart.																															
PCV 13, PCV 15, PCV 20	<ul style="list-style-type: none">• 4th dose given at 11 to 15 months of age.																															
PHiD-CV 10	<ul style="list-style-type: none">• 4th dose given at least 6 months after the last primary dose.																															

		<ul style="list-style-type: none"> • 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
--	--	---

Pneumococcal Polysaccharide Vaccine (PPSV23)

GENERAL INFORMATION AND RECOMMENDATION	PCV-PPSV23 SPECIAL CONSIDERATIONS					
	PCV - PPSV23 Vaccination Schedule	Indications for Pneumococcal Vaccines				
<p>Type: Inactivated vaccine</p> <p>Minimum age: 2 years old</p> <p>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 children aged 24 months to 5 years:</p> <table><tr><td>Partially 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 partially 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 children aged 6 to 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>	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">• Sickel 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.					

		<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>
--	--	---

Rotavirus Vaccine (RV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS						
<p>Type: Live-attenuated vaccine</p> <p>Minimum age: 6 weeks old</p> <p>Route of administration: Per Orem (PO)</p> <p>Routine vaccination:</p> <table><tr><td>Human Rotavirus (RV1) (1.5mL oral suspension)</td><td><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>Human-Bovine Live-attenuated Reassortant Rotavirus (RV5) (2mL - ready to use liquid dose)</td><td><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>Human-Bovine Live-attenuated Reassortant Rotavirus (RV5)-SII (2mL - ready to use liquid dose)</td><td><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>	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 Live-attenuated Reassortant Rotavirus (RV5) (2mL - ready to use liquid dose)	<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.	Human-Bovine Live-attenuated Reassortant Rotavirus (RV5)-SII (2mL - ready to use liquid dose)	<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>
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 Live-attenuated Reassortant Rotavirus (RV5) (2mL - ready to use liquid dose)	<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.							
Human-Bovine Live-attenuated Reassortant Rotavirus (RV5)-SII (2mL - ready to use liquid dose)	<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>		
---	--	--

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 aged 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. 	<p>1. Influenza vaccine is routinely recommended for all children especially immunocompromised children or those with chronic medical conditions.</p> <p>2. Influenza vaccine is available for high-risk individuals through the National Immunization Program.</p> <p>3. Individuals with previous influenza infection should still</p>

Routine vaccination:		receive their annual influenza vaccination.
1st Influenza Vaccination	<ul style="list-style-type: none">• Aged 6 months to 8 years → 2 doses, to be given 4 weeks apart• Aged 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</p> <p>Minimum age: 9 months</p> <p>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. 		<p>1. In cases of outbreaks as declared by public health authorities, measles vaccine can be given as early as age 6 months.</p> <p>2. 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 Table 3-6: https://www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html <p>3. 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 and Rubella Vaccine (MMR)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>Type: Live-attenuated vaccine</p> <p>Minimum age: 12 months</p> <p>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 Table 3-6: 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</p> <p>Minimum age: 12 months</p> <p>Maximum age: 12 years and 0 days</p> <p>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 aged 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 Table 3-6: https://www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.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"> <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>≥18 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	≥18 years	1 dose			<p>In children who are recipients of immunoglobulins and/or other blood products, refer to the following Table 3-6: 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									
≥18 years	1 dose										
<p>Type: Inactivated, vero cell-derived vaccine Minimum age: 12 months Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <table border="1"> <thead> <tr> <th>Age</th><th>Dose</th><th>Minimum Interval</th></tr> </thead> <tbody> <tr> <td>≥1 to <3 years</td><td>0.25 mL (3 mcg) x 2 doses</td><td rowspan="2">28 days</td></tr> <tr> <td>≥3 years</td><td>0.5 mL (6 mcg) x 2 doses</td></tr> </tbody> </table> <p>There are currently no recommendations for booster doses in children and adolescents aged 1-17.</p>	Age	Dose	Minimum Interval	≥1 to <3 years	0.25 mL (3 mcg) x 2 doses	28 days	≥3 years	0.5 mL (6 mcg) x 2 doses		<p>Interchangeability with other JE vaccines has not been established.</p> <p>For those ≥18 years of age who are at continuous-risk (laboratory personnel or those residing in endemic areas), a 3rd dose is recommended 12-14 months after the primary series.</p>	
Age	Dose	Minimum Interval									
≥1 to <3 years	0.25 mL (3 mcg) x 2 doses	28 days									
≥3 years	0.5 mL (6 mcg) x 2 doses										

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>For unimmunized individuals aged 7 to 18 years:</p>	<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.

<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. 	<table border="1"> <thead> <tr> <th>Age</th><th>Number of Doses</th><th>Minimum Interval</th></tr> </thead> <tbody> <tr> <td>7 to 12 years</td><td rowspan="2">2 doses</td><td>3 months</td></tr> <tr> <td>≥ 13 years</td><td>4 weeks</td></tr> </tbody> </table>	Age	Number of Doses	Minimum Interval	7 to 12 years	2 doses	3 months	≥ 13 years	4 weeks	<ul style="list-style-type: none"> 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 Table 3-6: https://www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.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	Number of Doses	Minimum Interval								
7 to 12 years	2 doses	3 months								
≥ 13 years		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"> <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 Table 3-6:</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												

		https://www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html
		3. For live-attenuated Hepatitis A vaccine, kindly refer to product information for specific contraindications.

Human Papillomavirus (HPV)

GENERAL INFORMATION AND RECOMMENDATION	CATCH-UP RECOMMENDATION	SPECIAL CONSIDERATIONS																
<p>Type: Inactivated Virus-like Particle</p> <p>Minimum age: 9 years old</p> <p>Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <table><tr><th></th><th>Bivalent (2vHPV)</th><th>Quadrivalent (4vHPV)</th><th>Nonavalent (9vHPV)</th></tr><tr><td>Gender</td><td>Female</td><td colspan="2">Male and female</td></tr><tr><td>Age: 9 to 14 years</td><td colspan="3">2-dose series: 0 and 6 to 12 months</td></tr><tr><td>≥15 years</td><td>3-dose series: 0, 1, 6 months</td><td colspan="2">3-dose series: 0, 2, 6 months</td></tr></table> <p>It is not necessary to screen for HPV or HIV infection prior to vaccination.</p> <p>The recommended HPV vaccine schedule is 2 doses for 9 to 14 years of age. A single-dose schedule is implemented as an alternative under the DOH school-based immunization program to improve programmatic feasibility and population-level coverage.</p>		Bivalent (2vHPV)	Quadrivalent (4vHPV)	Nonavalent (9vHPV)	Gender	Female	Male and female		Age: 9 to 14 years	2-dose series: 0 and 6 to 12 months			≥15 years	3-dose series: 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 intervals are as follows:<ul style="list-style-type: none">♦ dose 1 to 2 → 1 month♦ dose 2 to 3 → 3 months♦ dose 1 to 3 → 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>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 to 14 years	2-dose series: 0 and 6 to 12 months																	
≥15 years	3-dose series: 0, 1, 6 months	3-dose series: 0, 2, 6 months																

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) <p>Recommended age for rabies pre-exposure prophylaxis (PrEP):</p> <ul style="list-style-type: none"> 2 to 10 years old, due to the increased risk and severity of animal bites in this age group. <p>Recommended schedule for rabies PrEP for all patients, including immunocompromised individuals, regardless of the vaccine's regulatory status (WHO-prequalified or non-prequalified):</p> <ul style="list-style-type: none"> Three-dose regimen administered via the ID or IM route, on days 0, 7, 21/28. Routine booster is NOT recommended for the general population. <table border="1" data-bbox="112 806 658 1042"> <tr> <th data-bbox="112 806 227 905">GENERIC NAME</th><th data-bbox="227 806 434 905">Purified Vero Cell Rabies vaccine (PVRV) 0.5mL/vial</th><th data-bbox="434 806 658 905">Purified Chick Embryo Cell vaccine (PCECV) 1mL/vial</th></tr> <tr> <td colspan="3" data-bbox="112 905 658 932">ROUTE:</td></tr> <tr> <td data-bbox="112 932 227 987">ID</td><td colspan="2" data-bbox="227 932 658 987">0.1mL each on left and right deltoids or anterolateral thighs (2 sites) per visit</td></tr> <tr> <td data-bbox="112 987 227 1042">IM</td><td colspan="2" data-bbox="227 987 658 1042">0.5mL (1 vial) on deltoid or anterolateral thigh (1 site) per visit</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>	GENERIC NAME	Purified Vero Cell Rabies vaccine (PVRV) 0.5mL/vial	Purified Chick Embryo Cell vaccine (PCECV) 1mL/vial	ROUTE:			ID	0.1mL each on left and right deltoids or anterolateral thighs (2 sites) per visit		IM	0.5mL (1 vial) on deltoid or anterolateral thigh (1 site) per visit		<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, and 21 or 28 via IM route only. Routine booster for PrEP is recommended for immunocompromised individuals who are at continual risk of exposure. <ul style="list-style-type: none"> ⇒ Give 1 routine booster dose 1 year after primary immunization. ⇒ Do serologic testing after 5 years. Booster vaccination is recommended only if RABV neutralizing antibody titers fall to less than 0.5IU/mL. ⇒ If serologic testing is not available, a routine booster vaccination of one (1) booster dose every 5 years is recommended. <p>2. For post-exposure prophylaxis (PEP):</p> <ul style="list-style-type: none"> please refer to: https://www.pidsphil.org/home/wpcontent/uploads/2026/09/ao2026-0010-1.pdf
GENERIC NAME	Purified Vero Cell Rabies vaccine (PVRV) 0.5mL/vial	Purified Chick Embryo Cell vaccine (PCECV) 1mL/vial												
ROUTE:														
ID	0.1mL each on left and right deltoids or anterolateral thighs (2 sites) per visit													
IM	0.5mL (1 vial) on deltoid or anterolateral thigh (1 site) per visit													

*List of WHO prequalified anti-rabies vaccines:
<https://extranet.who.int/prequal/vaccines/prequalified-vaccines>

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 weeksMenACWY-TT (10 µg/0.5mL): 12 months4CMenB (0.5mL): 2 months <p>Route of administration: Intramuscular (IM)</p> <p>Routine vaccination:</p> <p><u>MenACWY</u></p> <table><tr><td>MenACWY-TT (5µg/0.5mL)</td><td><p><u>Infants 6 weeks to < 6 months:</u></p><ul style="list-style-type: none">give first 2 doses at least 2 months apartthe 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 dosethe 2nd (booster) dose is given at 12 months of age with a minimum interval of at least 2 months after the previous dose<p><u>Children aged ≥ 12 months to 18 years:</u></p><ul style="list-style-type: none">single dose</td></tr><tr><td>MenACWY-TT (10µg/0.5mL)</td><td><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 months apartthe 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 dosethe 2nd (booster) dose is given at 12 months of age with a minimum interval of at least 2 months after the previous dose <p><u>Children aged ≥ 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>*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 inhibitorsAnatomic/functional asplenia (including sickle cell disease)HIVTravelers to or resident of areas where meningococcal disease is hyperendemic or epidemicMen who have sex with men (MSM)Adolescent and college students in congregate settingsBelonging 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 apartthe 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 dosethe 2nd (booster) dose is given at 12 months of age with a minimum interval of at least 2 months after the previous dose <p><u>Children aged ≥ 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					

4CMenB			<p>**For children aged 2 to 18 years who are at continued risk of exposure to meningococcal disease, give 1st booster 1 year after the primary series, then every 2 to 3 years as long as risk continues.</p>
Age at 1 st dose	Primary Series	Booster	
2 to 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	
6 to 11 months	2 doses, at least 2 months apart	1 dose at 12 months onwards, at least 2 months after the primary series	
12 to 23 months	2 doses at least 2 months apart	1 dose given 12 to 23 months after the primary series	
2 to 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.		
Type of Vaccine	Whole-cell Bivalent (01, 0139)				
Whole-cell recombinant B-subunit (WC-rBS)					
Primary Doses					
Age	12 months			2 to 6 years	> 6 years
Number of 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.