Vaccine	Age in completed weeks/months/years															
	Birth	6w	10w	14w	6m	7m	9m	12m	13m	15m	16-18m	18-24m	2-3 Y	4-6 Y	9-14 Y	15- 18 Y
BCG																
Hepatitis B	HB 1ª	HB 2	HB 3	HB 4 <sup>b</sup>											ii jamaa	
Polio	OPV	IPV 1 <sup>c</sup>	IPV 2 <sup>c</sup>	IPV 3 <sup>c</sup>	4						IPV <sup>c</sup> B1			IPV <sup>c</sup> B2		
DTwP/DTaP		DPT 1	DPT 2	DPT 3							DPT B1	1		DPT B2		
Hib		Hib 1	Hib 2	Hib 3							Hib B1					
PCV		PCV 1	PCV 2	PCV 3				PCV B								
Rotavirus		RV 1	RV 2	RV 3 <sup>d</sup>	1											
Influenza					Dose 1e	Dose 2		Annual Vaccination								
MMR							Dose 1			Dose 2				Dose 3		
TCV									[mmm]							
Hepatitis A								Dose 1				Dose 2 <sup>f</sup>				
Varicella										Dose 1		Dose 2 <sup>g</sup>				
Tdap <sup>h</sup> /Td																
HPV			_												1 & 2 <sup>i</sup>	1, 2 & 3
Meningococcal <sup>k</sup>							Dose 1	Dose 2								
JE								Dose 1	Dose 2							
Cholera								Dose 1	Dose 2							
PPSV 23																
Rabies																
Yellow Fever																

Recommended age

Catch up age range

Vaccines in special situations

(a) To be given within 24 h after birth. When this is missed, it can be administered at first contact with health facility; (b) An extra dose of Hepatitis B vaccine is permitted as part of a combination vaccine when use of this combination vaccine is necessary; (c) IPV can be given as part of a combination vaccine; (d) 3rd dose of Rota vaccine is not necessary for RV1; (e) Influenza vaccine should be started after 6 mo of age, 2 doses 4 wks apart, usually in the pre-monsoon period. At other times of the year, the most recent available strain should be used. Annual influenza vaccination should be continued, for all, till 5 y of age; after the age of 5y, this vaccine is recommended in the high-risk group only; (f) Single dose is to be given for the live attenuated Hepatitis A vaccine. The inactivated vaccine needs two doses; (g) 2nd dose of Varicella vaccine should be given 3-6 mo of age after dose 1. However, it can be administered anytime 3 mo after dose 1 or at 4-6 y; (h) Tdap should not be administered as the second booster of DPT at 4-6 y. For delayed 2nd booster, Tdap can be given after 7 y of age. A dose of Tdap is necessary at 10-12 y, irrespective of previous Tdap administration. If Tdap is unavailable/unaffordable, it can be substituted with Td; (i) Before 14 completed years, HPV vaccines are recommended as a 2-dose schedule, 6 mo apart; (j) From 15th y onwards and the immunocompromised subjects at all ages, HPV vaccines are recommended as a 3-dose schedule, 0-1-6 (HPV4); (k) Menactra is approved in a 2-dose schedule between 9-23 mo. Minimum interval between two doses should be 3 mo. Menveo is recommended as a single dose schedule after 2 y of age.