



Timely vaccination is essential for your child's healthy future¹

Age	Vaccine	Due date	Given on	Brand name	Batch no. & expiry date	Signature
Birth	BCG					
	OPV					
	Hep B-1 (Birth dose) ^a					
6 weeks	DTaP/DTwP-1					
	IPV-1 ^c					
	Hib-1					
	Hep B-2					
	Rota-1					
	PCV-1					
10 weeks	DTaP/DTwP-2					
	IPV-2 ^c					
	Hib-2					
	Hep B-3					
	Rota-2					
	PCV-2					
14 weeks	DTaP/DTwP-3					
	IPV-3 ^c					
	Hib-3					
	Hep B-4 ^b					
	Rota-3 ^d					
	PCV-3					
6 months	Influenza Vaccine-1 ^e					
	Typhoid conjugate vaccine [®]					
7 months	Influenza Vaccine-2					
9 months	MMR-1					
	MCV-1 ^{**}					
	Yellow Fever Vaccine [*]					
12 months	Hep A					
	MCV-2 ^{**}					
	JE-1 [*]					
	Cholera Vaccine-1 [*]					
13 months	JE-2 [*]					
	Cholera Vaccine-2 [*]					
15 months	MMR-2					
	Varicella-1					
	PCV booster					
16-18 months	DTaP/DTwP-B1					
	Hib-B1					
	IPV ^c -B1					





Age	Vaccine	Due date	Given on	Brand name	Batch no. & expiry date	Signature
18-19 months	Hep A-2 ^f					
	Varicella-2 ^g					
2-3 years	Influenza Vaccine					
	MCV ^{*k}					
	PPSV23 [*]					
3 years	Influenza vaccine					
4 years	Influenza vaccine					
4-6 years	DTaP/DTwP-B2					
	IPV ^c -B2					
	MMR-3					
5 years	Influenza vaccine					
6 years	Influenza vaccine					
7 years	Influenza vaccine					
8 years	Influenza vaccine					
9-14 years	HPV ^{ij} 1					
	HPV ^{ij} 2					
10-12 years	Tdap/Td ^h					
15-18 years	HPV ^{ij} 1					
	HPV ^{ij} 2					
	HPV ^{ij} 3					

***Vaccines used in special situations**

ACVIP- Advisory Committee on Vaccines & Immunization Practices; @- Typhoid Conjugate vaccine can be administered between 6-9 months. BCG- Bacille Calmette Guerin vaccine; OPV - Oral Polio Vaccine; Hep B – Hepatitis B; DTaP/DTwP - Diphtheria-Tetanus acellular Pertussis /Diphtheria Tetanus whole cell Pertussis; IPV- Injectable Polio Vaccine; Hib- Haemophilus influenzae type b; Rota- Rotavirus; PCV- Pneumococcal Conjugate Vaccine; PPSV- Pneumococcal Polysaccharide vaccine; MMR- Measles Mumps Rubella; Hep A- Hepatitis A; HPV- Human Papillomavirus; Tdap- Tetanus and diphtheria toxoids with acellular pertussis; MCV: Meningococcal Vaccine; JE: Japanese Encephalitis

(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 (HPV2) or 0-2-6 (HPV4); (k) MenACWY-DT is approved in a 2-dose schedule between 9-23 mo. Minimum interval between two doses should be 3 mo. MenACWY-CRM is also recommended as a single dose schedule after 2 y of age. (l) Due to the nature of rabies (an infectious zoonotic viral disease that is almost always fatal following the onset of clinical symptoms²), there is no defined age indication for vaccine use. This is in alignment with ACVIP's recommendation for rabies vaccine use across all children aged 0 through 18 years in special situations¹ years in special situations¹ **Route:** intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (NAS) or oral (PO). **Site:** right arm (RA), left arm (LA), right thigh (RT) or left thigh (LT). Recommendations, 6 months- 8 years-Annual Influenza Vaccination (Desirable)^h as per MOHFW recommendations.

Note to parents: Sometimes children experience mild reactions from vaccines such as pain at injection site, a rash or a fever. If you see something that concerns you, call your doctor.

References: 1. Indian Academy of Pediatrics (IAP) Advisory Committee on Vaccines and Immunization Practices (ACVIP): Recommended immunization schedule (2020-21) and update on immunization for children aged 0 through 18 years. [cited 2022Nov23]. Available from: <https://www.indianpediatrics.net/jan2021/jan-44-53.html> 2. World Health Organization. Rabies vaccines: WHO position paper, April 2018 - Recommendations. Vaccine. 2018 Sep 5;36(37):5500-5503.

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