

तुमच्या मुलाच्या शाळेत जाण्याच्या सुरुवातीच्या वयाचा बूस्टर
ध्यायचा राहून गेला नाही ना! संरक्षणाचे चक्र पूर्ण करा

डीटीपी आणि आयपीव्ही बूस्टर लसीसह



डीटीपी आणि आयपीव्ही: डिप्थेरिया/ घटसर्प, टिटॅनस / धनुर्वत, परट्यूसिस / डॅंग्या चोकला, आणि निःक्रिय पोलिओ लस / इनऑक्टिव्हेटेड पोलिओमायलिटिस वॉक्सिन

डीटीपी आणि आयपीव्ही लस म्हणजे काय?

डीटीपी आणि आयपीव्ही बूस्टर लस तुमच्या मुलांचे खालील संसर्गापासून संरक्षण करण्यासाठी दिली जाते¹

- डिप्थेरिया
 - टिटॅनस
 - परट्यूसिस
 - पोलिओ
- लसीमुळे शरीरात ह्या रोगांविरुद्ध सुरक्षा कवच तयार होते¹

हे रोग किती गंभीर आहेत?

- या रोगांमुळे श्वास ध्यायला त्रास होणे, हृदयाचे त्रास, स्नायूंचा झटका आणि चालता न येणे, अर्धांगवायू आणि मृत्यूसुद्धा होऊ शकतो¹



ह्या रोगांना रोखण्याचा **सर्वोत्तम**
मार्ग म्हणजे लसीकरण²

आपल्याला बूस्टरची गरज का आहे?

शाळेची सुरुवात होणाऱ्या वयाच्या मुलांमध्ये रोगाचा लवकर संसर्ग होतो आणि या रोगांविरुद्ध त्यांची प्रतिकारशक्ती कमी असते^{3,4}

एकदा लस दिल्यावर मुलांना दीर्घकाळ संरक्षण मिळते⁵

नवीन एसीव्हीआयपी मार्गदर्शक सूचनांनुसार शाळेची सुरुवात होणाऱ्या वयाच्या मुलांना डीटीपी आणि आयपीव्ही बूस्टर शॉट देण्याची शिफारस आहे⁵

शाळेची सुरुवात होणाऱ्या वयामध्ये डीटीपी आणि आयपीव्ही बूस्टर

प्राथमिक लस (लसी) किंवा पूर्वीचे लसीकरण वेळापत्रक यासोबत स्वतंत्रपणे बूस्टर देता येईल⁶

यामुळे लहान वयापासून पौर्गंडावस्थेतील बूस्टरपर्यंत उत्तम प्रकारे रोग प्रतिकारशक्ती टिकून राहते⁷

अगदी लहान मुलांनाही याचा त्रास होत नाही⁸



| 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 1 ^a | HB 2 | HB 3 | HB 4 ^b | | | | | | | | | | | | |
| Polio | OPV | IPV 1 ^c | IPV 2 ^c | IPV 3 ^c | | | | | | | IPV/B1 | | | | | |
| DTPw/DTap | DTP 1 | DTP 2 | DTP 3 | | | | | | | | DTP B1 | | | IPV+B2 | | |
| Hib | Hib 1 | Hib 2 | Hib 3 | | | | | | | | Hib B1 | | | DTP B2 | | |
| PCV | PCV 1 | PCV 2 | PCV 3 | | | | PCV B | | | | | | | | | |
| Rotavirus | RV 1 | RV 2 | RV 3 ^d | | | | | | | | | | | | | |
| Influenza | | | | | Dose 1 ^e | Dose 2 | | | Annual Vaccination | | | | | | | |
| MMR | | | | | | | Dose 1 | | | | | | | Dose 3 | | |
| TCV | | | | | | | | | | | | | | | | |
| Hepatitis A | | | | | | | | Dose 1 | | | | Dose 2 ^f | | | | |
| Varicella | | | | | | | | | | | | Dose 2 ^g | | | | |
| Tdap/Td | | | | | | | | | | | | Dose 1 | | | | |
| HPV | | | | | | | | | | | | | | | 1 & 2 ^h | 1, 2 & 3 ⁱ |
| Meningococcal ^k | | | | | | | Dose 1 | Dose 2 | | | | | | | | |
| JE | | | | | | | | | Dose 1 | Dose 2 | | | | | | |
| Cholera | | | | | | | | | Dose 1 | Dose 2 | | | | | | |
| PPSV 23 | | | | | | | | | Dose 1 | Dose 2 | | | | | | |
| Rabies | | | | | | | | | | | | | | | | |
| Yellow Fever | | | | | | | | | | | | | | | | |

(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; 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. (Tap should not be administered as the second booster of DTP at 4-y. For delayed 2nd booster, Tap can be given after 7 y of age. A dose of Tap is necessary at 10-12 y, irrespective of previous Tap administration. If Tap is unavailable/unaffordable, it can be substituted with Td; (h) Before 14 completed years, HPV vaccines are recommended as a 2-dose schedule, 6 mo apart; (i) From 15th y onwards and the immunocompromised subjects at all ages, HPV vaccines are recommended as a 3-dose schedule, 0-1-6 (HPV3) or 0-2-6 (HPV4); (k) Meningococcal vaccine 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.

ACVIP recommends DTP & IPV boosters in school entry children⁵

DTP & IPV - Diphtheria, Tetanus, Pertussis and Inactivated Poliovirus Vaccine; IAP - Indian Academy of Pediatrics; ACPVP - Advisory Committee on Vaccines and Immunization Practices.

References: 1. Diphtheria, tetanus, pertussis and polio vaccine [Internet]. Updated Mar 01, 2021. Available at: [https://www.cdc.gov/dpdx/prevention/nipw/2020/05/26/2020-nipw-prevention.html](https://www.mayoclinic.org/drugs-supplements/diphtheria-tetanus-acellular-pertussis-polio-vaccine-intramuscular-route/description/ drug200719384r--text=diphtheria%2Ctetanus%2C%20and%20acellular%20pertussis%20whooping%20cough%2C%20and%20poliovirus. Accessed on May 26, 2022. 2. Prevention [Internet]. Updated May 26, 2020. Available at: <a href=). Accessed on May 26, 2022. 3. Pertussis [Internet]. Updated May 26, 2020. Available at: <https://www.cdc.gov/dpdx/pertussis/2020/05/26/2020-nipw-pertussis.html>. Accessed on May 26, 2022. 4. Polio [Internet]. Updated May 26, 2020. Available at: <https://www.cdc.gov/dpdx/polio/2020/05/26/2020-nipw-polio.html>. Accessed on May 26, 2022. 5. 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. *Indian Pediatrics*. 2021 Jan;58(1):44-53. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7840391/pdf/13312_2021_Article_2096.pdf. 6. Mallick E, Maittey N, Mathew N, Langrui J, Baisard F, Soubreyand B, Pentavac Study Group. Antibody persistence and tolerance of diphtheria, tetanus, pertussis, poliovirus and Haemophilus influenzae type b (Hib) in 5-6-year-old children after primary vaccination with a pentavalent combined acellular pertussis vaccine: immunogenicity and tolerance of tetarvaxim. *Indian Pediatrics*. 2013;50(11):828-33. Available at: <https://www.sciencedirect.com/science/article/pii/S0264410X09773479&pgs=3>. 7. Jhin T, Joysey M, Yu L, et al. Immunogenicity and tolerance of Hib vaccine given as a second booster. *Vaccine*. 2004 Mar 23;22(11-12):1415-22. Available at: <https://www.sciencedirect.com/science/article/pii/S0264410X03007734>. 8. Ferrera G, Cuccia M, Mireu G, Bona G, Esposito S, et al. Booster vaccination of pre-school children with reduced-antigen-content diphtheria-tetanus-acellular pertussis-inactivated poliovirus vaccine co-administered with measles-mumps-rubella-varicella vaccine: A randomized, controlled trial in children primed according to a 2 + 1 schedule in infancy. *Hum Vaccin Immunother*. 2012 Mar 28(3):355-62. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3426882/pdf/hiv-8-355.pdf>.

Based on public interest by



Sanofi Healthcare India Pvt. Ltd

Sanofi House, CTS No. 117-B, L&T Business Park, Saki Vihar Road, Powai, Mumbai 400 072 - India

Tel.: +91 (22) 2803 2000

MATN-230625 0332

sanofi



Punch

