

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 ^c B1			IPV ^c B2		
DTwP/DTaP		DTP 1	DTP 2	DTP 3							DTP B1			DTP 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 ^d												
Influenza					Dose 1 ^e	Dose 2	Annual Vaccination									
MMR							Dose 1			Dose 2				Dose 3		
TCV																
Hepatitis A								Dose 1					Dose 2 ^f			
Varicella									Dose 1				Dose 2 ^g			
Tdap ^h /Td																
HPV															1 & 2 ⁱ	1, 2 & 3 ^j
Meningococcal ^k							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 (HPV2) or 0-2-6 (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.

ACVIP recommends DTP & IPV boosters in school entry children⁵

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

References:

- Diphtheria, tetanus, pertussis and polio vaccine [Internet] [Updated Mar 01, 2022]. Available at: <https://www.mayoclinic.org/drugs-supplements/diphtheria-tetanus-acellular-pertussis-polio-vaccine-intramuscular-route/description/drg20071983?text=Diphtheria%2C%20tetanus%2C%20and%20acellular%20pertussis,whooping%20cough%2C%20and%20poliovirus>. Accessed on May 26, 2022.
- Prevention [Internet] [Updated May 26, 2020]. Available at: <https://www.cdc.gov/diphtheria/about/prevention.html>. Accessed on May 26, 2022.
- Klein NP, Bartlett J, Rowhani-Rahbar A, Fireman B, Baxter R. Waning protection after fifth dose of acellular pertussis vaccine in children. *N Engl J Med*. 2012 Sep 13;367(11):1012-9. Available at: <https://www.nejm.org/doi/pdf/10.1056/NEJMoa1200850?articleTools=true>.
- Gao H, Lau EH, Cowling BJ. Waning immunity after receipt of pertussis, diphtheria, tetanus, and polio-related vaccines: A systematic review and meta-analysis. *J Infect Dis*. 2022 Feb 15;225(4):557-566. Available at: <https://academic.oup.com/jid/article-abstract/225/4/557/6372879?redirectedFrom=fulltext&login=false>.
- Kasi SG, Shivananda S, Marathe S, Chatterjee K, Agarwalla S, Dhir SK, et al. 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.
- Mallet E, Matisse N, Mathieu N, Langue J, Boissard F, Soubeyrand B; Pentavac Study Group. Antibody persistence against diphtheria, tetanus, pertussis, poliomyelitis and Haemophilus influenzae type b (Hib) in 5-6-year-old children after primary vaccination and first booster with a pentavalent combined acellular pertussis vaccine: immunogenicity and tolerance of a tetravalent combined acellular pertussis vaccine given as a second booster. *Vaccine*. 2004 Mar 29;22(11-12):1415-22. Available at: <https://www.sciencedirect.com/science/article/pii/S0264410X03007734?via%3Dihub>.

- John T, Voysey M, Yu L, McCarthy N, Baudin M, Richard P, et al. Immunogenicity of a low-dose diphtheria, tetanus and acellular pertussis combination vaccine with either inactivated or oral polio vaccine compared to standard-dose diphtheria, tetanus, acellular pertussis when used as a pre-school booster in UK children: A 5-year follow-up of a randomised controlled study. *Vaccine*. 2015 Aug 26;33(36):4579-85. Available at: <https://www.sciencedirect.com/science/article/pii/S0264410X15009226?via%3Dihub>.
- Ferrera G, Cuccia M, Mereu G, Icardi 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;8(3):355-62. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3426082/pdf/hvi-8-355.pdf>.

Issued in public interest by



Sanofi Healthcare India Pvt. Ltd
Sanofi House, CTS No. 1 17-B, L&T Business Park,
Saki Vihar Road, Powai, Mumbai 400 072 - India
Tel.: +91(22) 2803 2000

MAT-IN-2202941_002



Is your child missing the school entry booster!

Complete the circle of protection with
DTP & IPV Booster
Vaccines

DTP & IPV - Diphtheria, Tetanus, Pertussis and Inactivated Poliomyelitis Vaccine

Ensure complete protection for your school entry kid with **DTP & IPV booster**



Why do we **NEED BOOSTERS?**

What is DTP & IPV vaccine?

DTP & IPV booster vaccines are given to protect your child against infections caused by¹

- Diphtheria
- Tetanus
- Pertussis
- Poliovirus

The vaccine causes the body to produce a shield against these diseases¹

How serious are these diseases?

- These diseases can cause breathing difficulties, heart problems, muscle spasms and inability to walk, paralysis, and even death²

Vaccination is the best way to prevent these diseases²

High disease transmission and waning of immunity against the disease among school entry children^{3,4}

Once vaccinated the child is protected for long term⁵

New ACVIP guideline recommends the DTP & IPV booster shot in school entry children⁵

DTP & IPV as school **ENTRY BOOSTERS**

Booster can be given independent to the primary vaccine(s) or previous vaccination schedule⁶

Maintains high immunity from early childhood up until the adolescent booster⁷

Is well-tolerated in toddlers⁸

