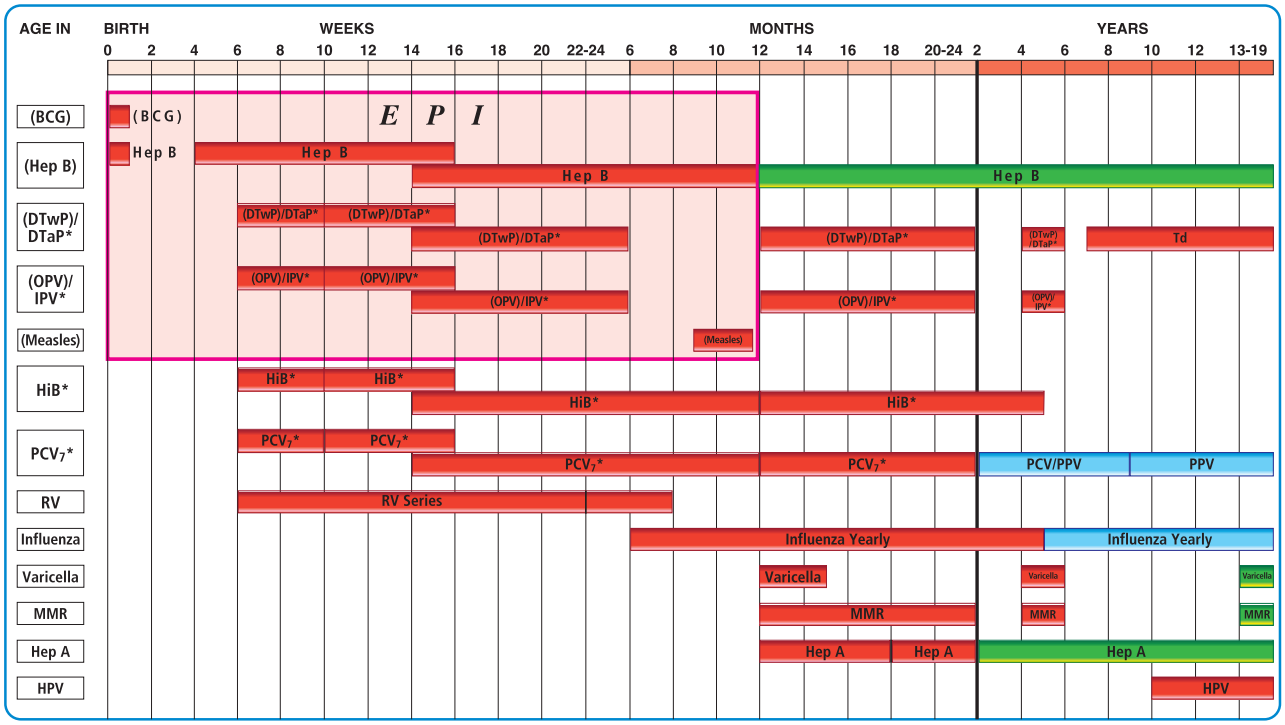
Childhood Immunization Schedule 2008



Range of Recommended Age Catch Up Immunization For High Risk Group

ANNOTATIONS:

Philippine EPI Vaccines:
Vaccines in the pink area, enclosed in parenthesis, are vaccines given in the Philippine Expanded Program of Immunization (EPI) of the Department of Health (DOH). Vaccines in the EPI include: BCG, DTwP, OPV, Measles, and Hepatitis B vaccine.

Other Recommended Vaccines:
Vaccines outside the pink area are the Other Recommended Vaccines. These vaccines are not part of the Philippine EPI but because of merit are advocated by the Philippine Pediatric Society (PPS), Pediatric Infectious Disease Society of the Philippines (PIDSP), and the Philippine Foundation for Vaccination (PFV). Other recommended vaccines include: Hib, IPV, MMR, Varicella, Hepatitis A, Pneumococcal, Rotavirus, Influenza and Human Papillomavirus vaccines (HPV).

Vaccines for Special Groups:
These are vaccines which are not part of the Philippine EPI or Other Recommended Vaccines but available data supports its use in certain conditions or in selected populations. Vaccines for Special Groups include: Meningococcal, Typhoid and Rabies Vaccines.

Measles:
In cases of outbreaks, measles vaccine may be given as early as 6 months of age.

BCG:
Ideally given at birth. If given beyond 12 months, do PPD. Give BCG if PPD is negative.

Hepatitis B Vaccine (Hep B):
The first dose is given within 12 hours of life. The Hep B birth dose may be used as the first dose in a 3-dose primary series. Doses are given at least 4 weeks apart.
A fourth dose is needed for the following:
- If the third dose is given at age less than 6 months
- If no birth dose is given using the EPI schedule of 6, 10. 14 weeks
- For preterms less than 2 kgs. because of poor immunogenicity of the vaccine for these infants, the initial dose should not be counted in a 3-dose immunization schedule to complete the series.

Pneumococcal Vaccines:
Minimum age: 6 weeks for pneumococcal conjugate vaccine (PCV7) and 2 years for pneumococcal polysaccharide vaccine (PPV).
Pneumococcal polysaccharide vaccine (PPV) is recommended for certain high risk children ≥2 years of age in addition to pneumococcal conjugate vaccine (PCV7).
For healthy children, no additional doses are needed if PCV7 series is completed.

Hepatitis A (Hep A):
Hep A is recommended for all children aged 12 months and above. The 2-dose series is given 6-12 months apart.

Rotavirus Vaccine (RV):
Monovalent human rotavirus vaccine – Given as a 2-dose series. The first dose is administered from the age of 6 weeks. Interval between doses should be at least 4 weeks. The second dose should not be administered later than 24 weeks of age.
Pentavalent human-bovine reassortant rotavirus vaccine – Given as a 3-dose series. Administer the first dose between 6-12 weeks of age. Subsequent doses should be administered at 4-10 week intervals. The final dose in the series should not be administered later than 32 weeks of age.
RV may be co-administered with OPV or given 2 weeks apart. If given concomitantly with OPV, 2 doses of monovalent human RV vaccine or 3 doses pentavalent human-bovine reassortant RV should be completed to overcome interference of OPV with RV immune response. Vaccination course for both RV vaccines should be completed as recommended because data on safety and efficacy outside of the recommended age ranges are insufficient.
There is a potentially higher risk of intussuception when the first dose is given to infants beyond the age recommended by the manufacturer.

Varicella Vaccine:
The first dose of the vaccine is administered at age 12-15 months. A second dose of varicella vaccine is recommended at age 4-6 years but may be administered at an earlier age provided the interval between the first and second dose is at least 3 months.
A second dose of the vaccine is recommended for children, adolescents, and adults who previously received only one dose of the vaccine.
All individuals aged 13 years and above, without previous evidence of immunity should receive 2 doses of varicella vaccine given at least 4 weeks apart.

Influenza Vaccine:
Influenza vaccine is recommended in:
- Children 6 months to 5 years
- Children with the following high-risk conditions: chronic cardiovascular disease (eg. CHD, vascular disease), chronic lung disease (eg. asthma), chronic metabolic disorders, renal disorders and hemoglobinopathies
- Children receiving long term aspirin therapy

Children aged 6 months to 8 years receiving influenza vaccine for the first time need 2 doses given at least 4 weeks apart.
Those who received only one dose of influenza vaccine in their first year of immunization should receive 2 doses of the vaccine the following year.
Children recommended for vaccination who are on their third or more year of being vaccinated and who received only one dose in each of the first 2 years of being vaccinated should continue receiving a single annual dose.

Vaccination should be given once a year preferably between February to June to cover the expected increase in influenza activity from June to October.

Healthy children >5 years of age who want to be protected against influenza can be given the vaccine.

Human Papillomavirus Vaccine (HPV):
Primary vaccination consists of a 3-dose series.
Bivalent HPV vaccine is indicated for females 10-55 years following a recommended schedule of 0, 1, and 6 months. The second dose may be given 1-2.5 months after the first dose if flexibility is needed. Quadrivalent HPV vaccine is given to females 10-26 years following a recommended schedule of 0, 2, 6 months. If flexibility is needed the second dose should be administered at least 1 month after the first dose and the third dose should be administered at least 3 months after the second dose.

VACCINES FOR SPECIAL GROUPS;

Typhoid vaccine:
Recommended for travelers to areas where there is risk of exposure to *S. typhi.* and for persons with frequent contact with *S. typhi.*
A single IM dose may be given as early as 2 years of age with revaccination every 2 to 3 years if there is continued exposure to *S. typhi.*

Meningococcal Vaccine:
Recommended in outbreaks as declared by health authorities.
Recommended in children and adolescents known to be at high risk for disease.

Rabies Vaccine:
Anti-rabies Act 2007 recommends routine rabies pre-exposure prophylaxis for children aged 5-14 years in areas where there is high incidence of rabies (incidence >2.5 human rabies/ million population). From January to September 2007, areas with highest incidence for rabies are the following: Regions 2,5,7,8,9,10, CAR and CARAGA.

Two recommended regimens for pre-exposure prophylaxis:
a. Intramuscular dose: PVRV 0.5 ml or PCEC 1 ml given IM on deltoid area on days 0,7 & 21 or 28.
b. Intradermal dose: PVRV or PCEC 0.1 ml given ID on deltoid area on days 0,7 & 21, or 28.

Vaccine is administered into the deltoid area. Vaccine should never be given in the gluteal area since absorption is unpredictable.
A repeat dose should be given if vaccine is given subcutaneously. Reconstituted vaccine vials should be kept in a refrigerator (temperature 2-8°C) and consumed within 8 hours.
Booster doses are not mandatory but may be given every 3 years depending on continuing risk of exposure. However, any exposure regardless of severity after completion of the primary series should be given rabies vaccine as follows:

Interval from last dose	Booster
0-6 months	1 booster dose
> 6 months to 3 years	2 booster doses (given on days 0 and 3)
> 3 years	Full course of vaccine (days 0, 3, 7, 14, 28) **WITHOUT** RIG