## National Catch-Up Immunization Schedule

**Younger than 12 months** 



Older than 12 months

## 1 dose If >1 yr - (0.1 mL)1 dose (For unvaccinated TST- or IGRA-negative If <1 yr - **0.05 ml BCG** older children, adolescents and adults from (if not given earlier) settings with high incidence of TB and/or high leprosy burden and those moving from low to high TB incidence/ leprosy burden settings) \*If child presents at 3 doses as Pentavalent if age is less <2 months give Hep B single than 6 years. dose f/b Penta 3 doses with minimum interval of 4 weeks If >6yrs, give Hepatitis B separately as **Hepatitis B** 3 doses with 4 weeks between 1st and \*If child present at $\geq 2$ months 2nd dose and minimum 6 months of age start with Pentavalent between 1st and 3rd dose (0,1,6 months) 3 dose series with minimum interval of 4 weeks 3 doses 3 doses **Polio OPV** 1 dose 1 dose **Polio IPV 3 doses** with intervals of 4 weeks between 1st, 2nd dose and 3rd dose after 6 months **Pentavalent** from 1st dose (0,1,6 months) 3 doses (DPT + Hep B +(If 6-7 years of age use TD, Hib) If >7 years use Td) Booster to be given at least 1 year after the last dose **1 dose** (if less than 12 months) 1 dose Use MMR 2 doses 4 weeks apart MR (if age more than 12 months and not received measles/MR) 1 **dose** of MMR, (if received measles) N/A 2 doses of MMR at 4 weeks interval (if **MMR** not received measles by age 12 months) 1 dose (If 6-7 years of age use TD, N/A if >7 years use Td) **DPT Booster** Booster to be given at least 1 year after the last dose 1 dose N/A (If 10-15 years of age) **HPV**

If interrupted primary series, resume without repeating previous dose

If you have any queries, please contact National Immunization Program / Health Protection Agency Phone: 7212232 or 3024540 Email: immunization495@health.gov.mv

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