

Immunization Schedule



Vaccine/ Antigen	Dosage	Doses Required	Minimum Interval Between Doses	Minimum Age To Start	Mode of Administration	Site of Administration
BCG	0.5ml up to 11 months, 0.10ml after 11 month	1 dose	None	At birth (or first contact)	Intra-dermal	Right Upper Arm
Pentavalent						Outer Upper aspect of the left thigh
*Pneumo	0.5ml	3 doses 6,10 and 14 weeks	4 weeks	At 6 weeks (or first contact after that age)	Intra-muscular	Outer upper aspect of right thigh
Polio	2 drops	4 doses At birth, 6,10 and 14 weeks	4 weeks	At birth or within the first 2 weeks	Oral	Mouth
*Rotarix	1.2ml	2 doses 6 and 10 weeks	4 weeks	At 6 weeks (or first contact after that age)	Oral	Mouth
Measles Rubella 1st dose		2 dose 9 months		2 doses At 9 months		
Measles Rubella 2nd dose	0.5ml	18 months	9 months	At 18 months	Sub-cutaneous	Left Upper Arm
Yellow Fever	0.5ml	1 dose	None	At 9 months	Sub-cutaneous	Right Upper Arm
Tetanus Toxoid	0.5ml	2 doses	One month	Pregnant women	Intra-muscularly	Upper Arm
Vitamin A	100000 IU 200,000 IU	1 dose	6 months	6 months	Oral	Mouth