



BC PEDIATRIC SOCIETY > ROUTINE IMMUNIZATION SCHEDULE 2018

For further information and links to other references, please see our website www.bcpeds.ca

Please see www.immunizebc.ca for further immunization information or
BC Centre for Disease Control Immunization

(Manual <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual>)

ROUTINE

> For high risk children or special populations please refer to BCPS HIGH RISK IMMUNIZATION SCHEDULE [here](#)

AGE	PROVINCIAL VACCINE	ROUTE	OTHER VACCINES & COMMENTS
2 months	Rotavirus (Rotateq®) ¹	PO	<ul style="list-style-type: none"> Give first.
	DTaP-HB-IPV-Hib (Infanrix hexa™)	IM	<ul style="list-style-type: none"> See Factsheet: Hepatitis A – Local Risks See Factsheet: Travel Vaccines – Enterically Borne
	Pneumococcal conjugate (Prevnar® 13)	IM	<ul style="list-style-type: none"> Consider Menveo for travelers beginning at 2 months of age if meningococcal vaccine is indicated.² See Factsheet: Meningococcal Disease
	Men-C conjugate (NeisVac-C®)	IM	<ul style="list-style-type: none"> A non-publicly funded meningococcal B vaccine is now approved for use in Canada. NACI recommends the multicomponent meningococcal serogroup B (4CMenB) vaccine may be considered on an individual basis for children 2 months of age, and should be considered for active immunization of individuals at 2 months of age at high risk.^{3, 4} See Factsheet: Meningococcal B Vaccine: What Parents Need to Know
4 months	2 nd Rotavirus (Rotateq®) ¹	PO	<ul style="list-style-type: none"> Give first.
	2 nd DTaP-HB-IPV-Hib (Infanrix hexa™)	IM	
	2 nd Pneumococcal conjugate (Prevnar® 13)	IM	
6 months	3 rd Rotavirus (Rotateq®) ¹	PO	<ul style="list-style-type: none"> Give first.
	3 rd DTaP-HB-IPV-Hib (Infanrix hexa™)	IM	
	Influenza	IM	<ul style="list-style-type: none"> Annual influenza immunization for children beginning at 6 months (two doses in 1st year of vaccine receipt). Publicly funded for those aged 6 – 59 months and for other children with, or close contacts of those with high risk medical conditions.¹ See Factsheet: Influenza
	Hepatitis A (publicly funded for Aboriginal Infants) ²	IM	<ul style="list-style-type: none"> Hepatitis A Vaccine is publicly funded up to 18 years of age for Aboriginal children only.² See Factsheet: Hepatitis A – Local Risks
12 months	2 nd Men-C conjugate (NeisVac-C®)	IM	<ul style="list-style-type: none"> Annual influenza immunization
	3 rd Pneumococcal conjugate (Prevnar® 13)	IM	
	MMR	SC	
	Varicella (Varivax® III or Varilrix®)	SC	
18 months	4 th DTaP-IPV-Hib	IM	<ul style="list-style-type: none"> Annual influenza immunization
	2 nd Hepatitis A (Aboriginal Infants) ²	IM	
4-6 years	Tdap-IPV	IM	<ul style="list-style-type: none"> Annual influenza immunization up to 59 months and consider annual influenza immunization for 5 years and older.
	Varicella/MMR (ProQuad®, Priorix-tetra®)	SC	<ul style="list-style-type: none"> See Factsheet: Influenza



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AGE	PROVINCIAL VACCINE	ROUTE	OTHER VACCINES & COMMENTS
11 years (Grade 6)	Nonavalent HPV (Gardasil®9)	IM	<ul style="list-style-type: none"> Gardasil®9 is publicly funded for grade 6 boys and girls, females born after 2005 and HIV+ females 9-26 yrs of age.² HPV vaccine is publicly funded for high risk males 9-26 years, including those who have sex with men, street involved youth, boys who may be questioning their sexual identity, and youth in custody or in care of Ministry of Children and Families, females born 1994 - 2004.² Recommended for older females and women up to age 45 and all boys age 9 to 26 years. Not publicly funded.² It is available for purchase from most pharmacies and travel clinics. See BCPS Factsheet: Human Papillomavirus (HPV)
	Varicella (Varivax® III or Varilrix®) if susceptible	SC	<ul style="list-style-type: none"> Children who have never had a dose receive 2 doses, the 2nd at least 3 months after dose 1. Children who received 1 dose at a younger age only need 1 dose. Children diagnosed with chicken pox after 1 year of age do not need MMRV vaccine. Consider Men-A/C/YW for travelers for whom meningococcal vaccine is indicated. Menveo®, Menactra® or Nimenrix®.¹ Consider annual influenza immunization.
14 years (Grade 9)	Tdap (Adacel®) then every 10 years	IM	<ul style="list-style-type: none"> Males and females initiating Gardasil® at age 15 years or older should receive a 3 dose series.²
	Meningococcal-ACYW	IM	<ul style="list-style-type: none"> See Factsheet: Meningococcal Disease

HIGH RISK INDIVIDUALS

Hepatitis A, HPV, Meningococcal and Pneumococcal vaccine recommendations for **immunization of high risk including immunocompromised, immunosuppressed or children with other health conditions, travelers, aboriginal or special populations** may be found at:

- [BC Centre for Disease Control Immunization Program Manual Section VII Biological Products](#)
- [Section III - Immunization of Special Populations](#)

See [precautions and advice when administering live vaccines to immunosuppressed children](#).

¹ First dose of Rotateq® vaccine to be given no later than 20 weeks less 1 day of age. Third dose to be administered by 8 months less zero days. Minimum 4 weeks between each dose. If any dose in the series is RotaTeq® or the product is unknown, a total of 3 doses of vaccine should be administered.

http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionIIA_ImmunizationSchedules.pdf

² BC Centre for Disease Control. 2018. Communicable Disease Control Immunization Program Section VII – Biological Products

http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionVII_BiologicalProducts.pdf

³ The Recommended Use of the Multicomponent Meningococcal B (4CMenB) Vaccine in Canada.

<http://www.phac-aspc.gc.ca/naci-ccni/mening-4cmenb-exec-resum-eng.php>

⁴ Meningococcal B vaccine is publicly funded for case contacts only. Meningococcal B dose schedule available at:

http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionVII_BiologicalProducts.pdf