

Immunization Schedule for Children

The following is a recommended schedule for immunizing children. There is room for variation in the exact timing of the immunizations. In general, the dosing interval between vaccines should not be shortened, but the length of time between doses can be lengthened somewhat without compromising immunity. If you have not been following this exact schedule, you can discuss how to complete your child's immunization with any of our nurses or doctors.

Birth	Hepatitis B 1
1 month	Hepatitis B 2
2 months	DTaP 1; HIB 1; PCV 1 IPV 1; RV1
4 months	DTaP 2; HIB 2; PCV 2, IPV 2; RV2
6 months	DTaP 3; HIB 3; PCV 3, IPV 3, Hepatitis B 3
6 months onwards	Consider annual influenza vaccination
12 months	MMR 1, Varicella 1 Hepatitis A 1
15 months	DTaP 4; HIB4; PCV 4, Typhoid conjugate vaccine (TCV)
12-24 months	Hepatitis A 2 nd dose (6-12 months after 1st dose) Consider: Japanese Encephalitis vaccine (JEEV or Chengdu)
24 months onwards:	TCV if not given earlier, Meningococcal vaccine (MCV4 or Menactra) Consider Rabies pre-immunization
4-5 Years (pre-school)	DTaP 5; IPV 4 MMR 2; Varicella 2
Adolescent girls and boys (11-12 years)	Human Papillomavirus Vaccine (HPV 2, 4 or 9) - given as a 2-3 dose series Tdap followed by Td every 10 years
5 years upwards in Nepal (US CDC recommends that all persons aged ≥ 6 months should be vaccinated with an age-appropriate 2024-25 COVID-19 vaccine)	Covid vaccines (Moderna, Pfizer, Novavax) – 2-3 primary doses Currently not available in Nepal

Key to abbreviations:

DTaP = Diphtheria, Tetanus and acellular Pertussis

HIB = Hemophilus Influenza type B

IPV = Inactivated Polio Vaccine

PCV=Pneumococcal Conjugate Vaccine

RV = Rotavirus vaccine

MMR = Measles, Mumps, and Rubella

Varicella= Chicken Pox

Tdap =Tetanus, diphtheria and acellular pertussis

TCV= Typhoid conjugate vaccine

HPV=Human Papilloma Virus

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DTaP: The three vaccines against diphtheria, tetanus and pertussis or whooping cough given together induce a better protective response in your child than each one given separately. Acellular pertussis causes less reactions than the original DTP. Please let the nurse know if your child has had a bad reaction to this vaccine.

Hepatitis A vaccine: This inactivated vaccine against hepatitis A is given as a series of 2 injections with long lasting immunity. There are no recommendations for booster injections after the primary series.

Hepatitis B vaccine: It is given at birth, one month, and six months, but can be started at any time. Hepatitis B vaccine combined with DTaP (HEXAXIM/Sanofi) is available and given as 2, 4 and 6 months. Hepatitis B is a potentially serious form of hepatitis that can be acquired from mother-child transmission, non-sterile needles, or sexual activity. We recommend this vaccine for all children.

HIB: Hemophilus influenza is a bacterium which can cause serious infections like meningitis or epiglottitis in children. Routine immunization has drastically decreased the incidence of these diseases. If your child did not receive this vaccine according to schedule, please discuss with a nurse how you can give it.

Influenza or the flu: Influenza vaccine is recommended annually for all persons >6months of age, particularly in children up to 5 years of age due to high risk of complications in this age group. Children 6 months through 8 years of age should have 2 doses of the flu vaccine if they are getting it for the first time.

Japanese Encephalitis vaccine: Japanese encephalitis (JE) is a viral infection of the brain that is found in the Terai and in Kathmandu valley in the high-risk months of late July to early October that can be prevented with the vaccine. At CIWEC, we carry the inactivated Vero cell vaccine (JEEV). The live attenuated SA14-14-2 vaccine produced by Chengdu Institute in China is now available only through the Government program in multi-dose vials.

MMR: Measles, mumps, and rubella are all caused by viruses and each has the potential to cause a serious illness with complications, and rubella infection in a pregnant woman can cause serious birth defects. The vaccine utilizes live viruses that have been changed so that they induce immunity but can't cause disease themselves. 2 doses of the vaccine are recommended to induce long lasting immunity.

Meningococcal Meningitis: This is a very safe and highly effective vaccine against bacteria that causes meningitis or sepsis. The vaccine is a single shot that has to be repeated every three years when given to children under age 7, then once every 5 years if risk persists. We currently stock the quadrivalent vaccine (MENACTRA) consisting of A, C, Y and W135.

Polio Vaccine: We stock the inactivated polio vaccine for childhood immunization and do not stock the oral vaccine. Nepal has had no cases of polio since 2011.

Pneumococcal Conjugate vaccine (Pnevnar 13): This vaccine protects against pneumococcal infections like pneumonia and meningitis in infants and children. Mild pain and redness at the injection site or a low-grade fever can occur in a small number of children receiving this vaccine. PCV15, and PCV20 are not available in Nepal.

Rabies Vaccine: Rabies vaccine can be given before one is bitten by a potentially rabid animal (pre-exposure immunization). Pre-exposure immunization greatly simplifies the post-exposure treatment if one is bitten by an animal. **We feel that all children should be pre-immunized with the rabies vaccine, because they may not always tell you when they have been around stray animals.** The pre-immunization series consists of two injections on days 0, 7, and a booster between 3 weeks and 3 years after completing primary series. We recommend beginning the series for children around 24-36 months.

Rotavirus (RV) vaccine: Rotavirus causes severe gastroenteritis in children. The RV vaccine is a live virus vaccine given orally at 2 and 4 months of age for Rotarix and a 3rd dose is given at 6 months of age for RotaTeq/Rotavac/Rotasiil. First dose may be given as early as 6 weeks, and last dose should be given by 8 months of age and no later. No increased risk of intussusception (a kind of bowel blockage that was found with the earlier rotavirus vaccines) have been noted in large scale trials with the new vaccines.

Typhoid Vaccine: Typhoid fever is an infection caused by bacteria *Salmonella typhi and paratyphi*. The disease is highly endemic in Nepal and is acquired through eating contaminated food or water. The newer typhoid conjugate vaccine (TCV) is available and can be given from 6 months onward which provides long term protection. These vaccines do not protect against paratyphi infections.

Varicella (chicken pox): It is usually a mild, short lived disease in small children but can be severe if it occurs in adolescents, adults or pregnant women. Varicella vaccine is a live-virus vaccine that is given at one year of age at the same time as the MMR vaccine, and 2 doses are recommended for full protection. First dose is given at 12-15 months of age and second dose between 4-6 years. Side effects from the vaccine are very few and mild that may include redness or pain at injection site, low grade fever or rash.

Human Papillomavirus Vaccine (HPV 2, 4 or 9): This vaccine is recommended for girls as well as boys aged 11-12 years and is given as a 2-dose series at 0, and 6-12 months. It can be started as early as 9 years and can be given up to 45 years of age. When given after 15 years of age, 3 doses (0, 2 and 6-12 months) are required. The vaccine helps to protect against HPV that could cause cervical, penile, vaginal and Oro-pharyngeal cancers.

About BCG: In Nepal, BCG is given to newborn children because TB is common in Nepal. BCG protects the child against severe forms of TB like TB meningitis and Miliary TB. Vaccination with BCG turns the familiar TB skin test positive but this reaction will gradually wane over the years. The incidence of TB among expatriates in Nepal is very low, despite the widespread prevalence of TB in Nepal. We do not offer the BCG vaccine at CIWEC.

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