



Unit II – Problem 5 – Handout #4: Recommended Immunization Schedule in Bahrain

Children		
AGE	VACCINE	DOSE
At birth	BCG for newborns born to parents originally from endemic countries	Single Dose
	Hepatitis B for all newborns	Birth Dose
2 months	DaPT (Diphtheria, Pertussis, Tetanus), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio (as Hexavalent)	1 st Dose
	Pneumococcal Conjugate (PCV)	1 st Dose
	Rota vaccine (oral)	1 st Dose
4 months	DaPT (Diphtheria, Pertussis, Tetanus), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio (as Hexavalent)	2 nd Dose
	Oral Polio Vaccine (OPV)	2 nd Dose
	Pneumococcal Conjugate (PCV)	2 nd Dose
	Rota vaccine (oral)	2 nd Dose
6 months	DPT, Hepatitis B+ Hib (Pentavalent)	3 rd Dose
	Oral Polio Vaccine (OPV)	3 rd Dose
	Pneumococcal Conjugate (PCV)	3 rd Dose
12 months	MMR (Measles, Mumps, Rubella)	1 st Dose
15 months	Pneumococcal Conjugate (PCV)	Booster
	Hepatitis A	1 st Dose
18 months	MMR (Measles, Mumps, Rubella)	2 nd Dose
	DPT, Hib (tetravalent) or Pentavalent according to availability	Booster
	Oral Polio Vaccine (OPV)	1st Dose
2 years	Meningococcal Conjugate (ACYW)	Single Dose
	Hepatitis A	2 nd Dose
3 years	Varicella	2 nd Dose
4-5 years	DTaP (Diphtheria, Tetanus, Pertussis)	2 nd Booster
	Oral Polio Vaccine (OPV)	2 nd Booster
	MMR (Measles, Mumps, Rubella) if no document of 2 valid doses MMR vaccination previously	2 nd Dose
ADOLESCENTS		
12 years	Hepatitis A as catch up for Hep A unvaccinated	1 st Dose
13 years	Tdap (Tetanus, Diphtheria, Pertussis)	Booster
	Hepatitis A as catch up for Hep A unvaccinated	2 nd Dose



FOR PREVIOUSLY UNIMMUNISED WOMEN		
Tetanus diphtheria (Td)	At first contact	Td1
	At least 4 weeks after Td1	Td2
	At least 6 months after Td2	Td3
	At least 1 year after Td3	Td 1 st booster
	At least 1 year after Td 1 st booster	Td 2 nd booster
ADULT, ELDERLY AND HIGH RISK GROUPS		
Pneumococcal Conjugate (PCV)		Single dose for adults ≥ 50 years and single dose for adolescent , adult & elderly from high risk groups.
Pneumococcal Polysaccharide (PPSV23)		Single dose for ≥ 65 years and for high risk groups ≥ 2 -64 years single dose. Revaccination dose after 5 years recommended for certain high risk groups (Sickle cell disease/other hemaglobinopathies, Congenital or acquired asplenia, Congenital or acquired immuno-deficiencies, Chronic renal failure, Nephrotic syndrome, malignancy, Leukemia, Lymphoma, Iatrogenic immunosuppression, Solid organ transplant)
Tdap		Single dose
Seasonal Influenza		Annually for each season for any person (≥6 months of age) requesting the vaccine and highly recommended for ≥50 years and high risk groups
Chickenpox (varicella)		For high risk group without documented infection or vaccination. Two doses, 3 months apart from 1 -12 years of age. 2 doses 6 weeks apart for ≥ 13 years of age
Meningococcal conjugate ACWY		1-2 doses for sickle cell disease, certain hemoglobinopathies, congenital or acquired asplenia, pre-splenectomy, terminal complement deficiency, post bone marrow transplant & certain cancer after completion of treatment.
Haemophilus Influenza Type B (Hib)		Single dose for >5 years for sickle cell disease, anatomical and/or surgical asplenia, post bone marrow transplant & certain cancer after completion of treatment
HAJIs		
Meningococcal conjugate (ACWY)		Single dose
Td		3 doses and 2 boosters. A booster dose every 10 years is recommended after primary series (Tdap might replace one dose of Td)
Seasonal Influenza		Annually for each season



OTHER VACCINES		
Travellers	Yellow Fever	Single dose
	Typhoid	Single dose (repeated after 3 years if indicated)
	Hepatitis A	2 doses
	Meningococcal conjugate ACWY	Single dose for traveler to certain countries
	OPV/IPV	Booster dose for traveler to certain countries
Post exposure prophylaxis	Rabies	4-5 doses plus RIG (single)
Contacts	Hepatitis B	3 doses
	Hepatitis A	2 doses
Immune-compromised & their household contacts	Inactivated Polio(killed polio)	5 doses

* Other vaccines for high risk/ special groups determined by risk category