



AGE	PROVINCIAL VACCINE	ROUTE	OTHER VACCINES & COMMENTS
2 months	DTaP-HB-IPV-Hib (Infanrix hexa™)	IM	<ul style="list-style-type: none"> Men-C/A/YW135-CRM (Menveo™) is indicated for children ≥ 2 months of age at high risk for invasive meningococcal disease due to medical conditions, travel or close contacts of meningococcal disease. Periodic revaccination recommended if risk ongoing. See: www.phac-aspc.gc.ca/publicat/ccdr-rmtc/13vol39/lacs-dcc-1/index-eng.php Men-C/A/Y/W135-D (Menactra®) is licensed for use ≥ 9 months of age Men-C/A/Y/W135-TT (Nimenrix®) is licensed for use ≥ 12 months of age See Factsheet: Meningococcal Disease
	Pneumococcal conjugate (Prenvar® 13)	IM	
	Men-C conjugate (NeisVac-C®)	IM	
	Rotavirus (Rotarix®) ¹	PO	
4 months	2 nd DTaP-HB-IPV-Hib (Infanrix hexa™)	IM	<ul style="list-style-type: none"> A meningococcal B vaccine is now approved for use in Canada. NACI recommends the multi-component meningococcal serogroup B (4CMenB) vaccine may be considered on an individual basis, for persons ≥ 2 months of age, and should be considered for active immunization of individuals ≥ 2 months of age at high risk of meningococcal disease. See: http://publications.gc.ca/collections/collection_2014/aspc-phac/HP40-104-2014-eng.pdf See Factsheet: Meningococcal B Vaccine: What Parents Need to Know
	2 nd Pneumococcal conjugate (Prenvar® 13)	IM	
	Men-C Conjugate (NeisVac-C®) for high risk only ²	IM	
	2 nd Rotavirus (Rotarix®) ¹	PO	
6 months	3 rd DTaP-HB-IPV-Hib (Infanrix hexa™)	IM	<ul style="list-style-type: none"> Influenza yearly for children ≥ 6 months (two doses in 1st year of vaccine receipt). Publicly funded for those aged 6 – 59 months and for those with, or close contacts of those with high risk medical conditions. See Factsheet: Influenza See Factsheet: Hepatitis A – Local Risks
	Pneumococcal conjugate (Prenvar® 13) for high risk only ³	IM	
	Hepatitis A (publicly funded for Aboriginal Infants only)	IM	
12 months	2 nd Men-C conjugate (NeisVac-C®)	IM	<ul style="list-style-type: none"> Consider hepatitis A vaccine (two dose series), especially if traveling. See Factsheet: Travel Vaccines – Enterically Borne
	3 rd Pneumococcal conjugate (Prenvar® 13)	IM	
	MMR	SC	
	Varicella (Varivax® III or Varilrix®)	SC	
18 months	4 th DTaP-IPV-Hib	IM	<ul style="list-style-type: none"> See Factsheet: Hepatitis A – Local Risks
	2 nd Hepatitis A (Aboriginal Infants only)	IM	
2 years			<ul style="list-style-type: none"> If travelling, consider Dukoral® for Traveller's Diarrhea, hepatitis A and typhoid fever vaccination. Also consider contacting a travel clinic for further information. See Factsheet: Travel Vaccines – Enterically Borne
4-6 years	DTaP-IPV	IM	<ul style="list-style-type: none"> Consider Influenza –two doses needed if under 9 years old and receiving for the first time. See Factsheet: Influenza See Factsheet: Hepatitis A – Local Risks
	2nd Varicella/2nd MMR (ProQuad®, Priorix-tetra®)	SC	
	Hepatitis A (Aboriginal Children only) ⁴	IM	



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11 years (Grade 6)	Men-C conjugate (NeisVac-C®)	IM	<ul style="list-style-type: none"> Consider Men-C/A/Y/W135 conjugate (Menactra® or Menveo® or Nimenrix®) instead with a booster dose at 16 years of age as per US recommendation. See Factsheet: Meningococcal Disease
	Hepatitis B (Recombivax HB®) (2 dose series if not previously immunized)	IM	
	Quadrivalent HPV (Gardasil®) (2 doses) ⁵	IM	<ul style="list-style-type: none"> Publicly funded for girls only, however recommended for boys as well (see below) See BCPS Factsheet: Human Papillomavirus (HPV) - Males
	Varicella (Varivax® III or Varilrix®) if susceptible	SC	
14 years (Grade 9)	Tdap (Adacel®) then every 10 years	IM	<ul style="list-style-type: none"> HPV vaccine (Gardasil®) recommended for older girls and women up to age 45 and all boys age 9 to 26 years. Publicly funded for females born after 1994 and high risk males 9-26 years, including those who have sex with men (MSM), street involved youth, boys who may be questioning their sexual identity, and youth in foster care. 9 valent HPV vaccine (Gardasil®9) recently licensed as a 3 dose series. Not yet publicly funded.⁶ Males and females initiating Gardasil® at age 15 years or older should have the 3 dose series. See Factsheet: Human Papillomavirus (HPV) - Males

¹ First dose of Rotarix® vaccine to be given no later than 20 weeks less 1 day of age. Second dose to be administered by 8 months less 1 day of age.

² High risk = asplenia (functional or anatomic); congenital immunodeficiency; hematopoietic stem cell, solid organ or islet cell transplant.

³ High risk = sickle cell; asplenia (functional or anatomic); congenital immunodeficiency; immunosuppression; hematopoietic stem cell, solid organ or islet cell transplant; chronic heart, lung, liver or kidney disease; diabetes; cystic fibrosis; CSF leak; chronic neurological conditions; cochlear implant. These patients should also get Pneu-23 polysaccharide vaccine after age 2 years.

⁴ Unimmunized Aboriginal children: Two doses of Hepatitis A, given at least 6 months apart. Children previously immunized with 1 dose, provide dose 2 no sooner than 6 months after first dose.

⁵ Those who are immunocompetent and initiating immunization prior to their 15th birthday should be given 2 doses, at least 6 months apart. Older individuals, and those known to have immune system defects should receive a 3 dose schedule at 0, 2 and 6 months (BCCDC Manual August 2015).

⁶ Vaccine administration guidelines for practitioners can be found in Section VII of the BC Immunization Manual: <http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm>.

See also Q&A: <http://www.bccdc.ca/imm-vac/ForHealthProfessionals/default.htm>.