



BC PEDIATRIC SOCIETY HIGH RISK IMMUNIZATION SCHEDULE 2026

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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](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization).

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> There are no contraindications to administering inactivated vaccines to immunocompromised individuals.

AGE	PROVINCIAL IMMUNIZATION	ROUTE	OTHER VACCINES & COMMENTS
BIRTH	RSV mAb - one of: nirsevimab (Beyfortus®) clesrovimabcf (Enflonsia®)	IM	- One dose of RSV monoclonal antibody (Beyfortus® or Enflonsia®) for infants less than 8 months of age, born to women or individuals who did not receive RSVPreF (Abrysvo™) during pregnancy, or born less than two weeks after RSVpreF administration, during their first RSV season. - See 2026 – 2027 Provincial Infant RSV Program Eligibility Criteria for your patient's eligibility - See Public Health of Canada NACI statement - If not deemed eligible for the publicly-funded program, parents and providers can check with their private insurer for coverage or purchase privately.
2 MONTHS	Rota	PO	- Give first if IM immunizations being given at the same visit. 2 dose series only. - First dose of Rotarix® vaccine to be given no later than 20 weeks less 1 day of age. Administer last dose by 8 months plus 0 days of age. Minimum 4 weeks between each dose. - See BCCDC Appendix C - Contraindications and Precautions for Immunization for precautions and advice when administering live vaccines to immunocompromised individuals Live vaccine, please see BC Centre for Disease Control Communicable Disease Control Immunization Program Section 4 – Biological Products for list of contradictions.
	RSV mAb - one of: nirsevimab (Beyfortus®) clesrovimabcf (Enflonsia®)	IM	- Please refer to RSV monoclonal antibody discussion above in BIRTH section. - See 2026 – 2027 Provincial Infant RSV Program Eligibility Criteria for your patient's eligibility - See Public Health of Canada NACI statement
	DTaP-HB-IPV-Hib	IM	
	PCV20 (Pevnar 20™)	IM	
	Men-C-C (NeisVac-C®) or Men-C-ACYW for highest risk only (Menveo™ or Nimenrix®)	IM	- For children at highest risk for invasive meningococcal disease due to medical conditions or close contacts of meningococcal A/C/W/Y disease, Men-C-ACYW (Menveo® or Nimenrix®) should be given in place of Men-C-C and administered at 2, 4 and 12 months of age. Periodic revaccination recommended if risk ongoing. Recommended but not publicly funded for travelers for whom meningococcal vaccine is indicated. - See Canadian Immunization Guide: Meningococcal Disease - In addition to Men-C-ACYW, NACI recommends the multi-component meningococcal vaccine serogroup B (4CMenB) vaccine Bexsero® be considered on an individual basis for children ≥2 months. It should be strongly considered for children at high risk. Timing of Men-B boosters is yet to be determined but likely similar to Men-C-ACYW schedule. Not publicly funded in BC as of fall 2026. Dose schedule available here. - See HealthLink BC: Travelling with Children



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4 MONTHS	2 nd Rota	PO	- Give first if IM immunizations being given at the same visit. Live vaccine, please see BC Centre for Disease Control Communicable Disease Control Immunization Program Section 4 – Biological Products for list of contradictions.
	RSV mAb - one of: nirsevimab (Beyfortus®) clesrovimabcf (Enflonsia®)	IM	- Please refer to RSV monoclonal antibody discussion above in BIRTH section. - See 2026 – 2027 Provincial Infant RSV Program Eligibility Criteria for your patient's eligibility - See Public Health of Canada NACI statement
	2 nd DTaP-HB-IPV-Hib	IM	
	2 nd PCV20 (Pevnar 20™)	IM	
	2 nd Men-C-ACYW for high risk only (Menveo™ or Nimenrix®)	IM	Consider meningococcal B vaccine for high risk. Please refer to Men-B discussion above in 2 MONTHS section.
6 MONTHS	RSV mAb - one of: nirsevimab (Beyfortus®) clesrovimabcf (Enflonsia®)	IM	- Please refer to RSV monoclonal antibody discussion above in BIRTH section. - See 2026 – 2027 Provincial Infant RSV Program Eligibility Criteria for your patient's eligibility - See Public Health of Canada NACI statement
	3 rd DTaP-HB-IPV-Hib	IM	Consider meningococcal B vaccine for high risk. Please refer to Men-B discussion above in 2 MONTHS section.
	3 rd PCV20 (Pevnar 20™)	IM	Recommended for children at increased risk of severe disease or complications.
	MMR	SC	- MMR is not routinely administered at 6 months of age. However, infants 6–11 months may be eligible for an early MMR dose in specific higher-risk circumstances (e.g., measles exposure or travel to measles-endemic regions). <6 months of age, approval for MMR (live vaccine) needs to be done in consultation with ID or relevant specialist.
	Hep A	IM	- Recommended and publicly funded ≤18 years of age for Indigenous individuals and for individuals with underlying liver disease who are at high risk of severe hepatitis A disease. - See BCCDC: Vaccines in BC for eligibility and indications - See HealthLink BC: Hepatitis A Vaccine
	Flu	IM	- Annual influenza immunization for children recommended at ≥6 months (two doses in 1st year of vaccine receipt if <9 years old). See expanded list for other contraindications BCCDC Immunization Manual. Vancouver Coastal Health Physicians' and Nurse Practitioners' Update
	COVID-19	IM	Children ≥6 months are eligible as per latest BC Centre for Disease Control (BCCDC) guidelines.



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12 MONTHS	4 th PCV20 (Pevnar 20™)	IM	Recommended for children at increased risk of severe disease or complications.
	2 nd Men-C-C (NeisVac-C®)	IM	- For highest risk infants, Men-C-ACYW (Menveo®, Nimenrix®, MenQuadfi™) should be given in place of Men-C-C. Men-C-ACYW is administered at 2, 4 and 12 months of age; NACI recommends two doses of Nimenrix® if given to highest risk immunocompromised children and BC CDC typically recommends one dose of Nimenrix®. Nimenrix® is only one dose if given between 12 and 23 months. - Consider meningococcal B vaccine for high risk. Please refer to Men-B discussion above in 2 MONTHS section. - Consider Hep A vaccine (two dose series), especially if travelling. - See HealthLink BC: Hepatitis A Vaccine
	3 rd Men-C-ACYW for highest risk only (Menveo™, Nimenrix® or MenQuadfi™)		
	MMR	SC	
	Var	SC	Live vaccine, please see BC Centre for Disease Control Communicable Disease Control Immunization Program Section 4 – Biological Products for list of contradictions.
	Flu	IM	- Annual influenza immunization for children recommended at ≥6 months (two doses in 1st year of vaccine receipt if <9 years old). See expanded list for other contraindications BCCDC Immunization Manual. Vancouver Coastal Health Physicians' and Nurse Practitioners' Update
18 MONTHS	COVID-19	IM	Children ≥6 months are eligible as per latest BC Centre for Disease Control (BCCDC) guidelines.
	RSV mAb - nirsevimab (Beyfortus®)	IM	- Certain high risk children <2 years of age are eligible to receive another dose of RSV monoclonal antibody in their second season. - See 2026 – 2027 Provincial Infant RSV Program Eligibility Criteria for your patient's eligibility
	4 th DTaP-IPV-Hib	IM	
	2 nd Hep A	IM	Recommended and publicly funded up to 18 years of age for Indigenous individuals and for individuals with underlying liver disease who are at high risk of severe hepatitis A disease.
	Flu	IM	- Annual influenza immunization for children recommended at ≥6 months (two doses in 1st year of vaccine receipt if <9 years old). See expanded list for other contraindications BCCDC Immunization Manual. Vancouver Coastal Health Physicians' and Nurse Practitioners' Update
	COVID-19	IM	Children ≥6 months are eligible as per latest BCCDC guidelines.
	RSV mAb - nirsevimab (Beyfortus®)	IM	Please refer to RSV monoclonal antibody discussion above in 12 MONTHS section.



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2 YEARS	PCV20 (Pevnar 20™)	IM	• NACI recommends that high risk children who have never received PCV20 should receive one dose of Pevnar 20™. • See BCCDC: Vaccines in BC for eligibility and indications
	Flu	IM/Intra Nasal	• For immunocompetent children ≥24 months of age, intranasal influenza live vaccine is an option, except in cases of severe asthma or use of high-dose oral or inhaled steroids within 7 days prior to vaccination. See expanded list for other contraindications BCCDC Immunization Manual.
	COVID-19	IM	• Children ≥6 months are eligible as per latest BCCDC guidelines.
4-6 YEARS	Tdap-IPV	IM	
	Men-C-ACYW (Menveo™, Nimenrix® or MenQuadfi™)	IM	• Revaccination with Men-C-ACYW is recommended every 3-5 years for those vaccinated at 6 years of age and younger and every 5 years for those vaccinated at 7 years of age and older. • Please refer to Men-B discussion above in 2 MONTHS section.
	MMRV	SC	• Live vaccine, please see BC Centre for Disease Control Communicable Disease Control Immunization Program Section 4 – Biological Products for list of contradictions.
	Flu	IM/Intra Nasal	• For immunocompetent children ≥24 months of age, intranasal influenza live vaccine is an option, except in cases of severe asthma or use of high-dose oral or inhaled steroids within 7 days prior to vaccination. See expanded list for other contraindications BCCDC Immunization Manual.
	COVID-19	IM	• Children ≥6 months are eligible as per latest BCCDC guidelines.



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11 YEARS Grade 6	HPV9 (Gardasil®9)	IM	- Immunocompromised individuals 9-45 years of age (inclusive) require three doses typically given at 0, 2, and 6 months interval. - See HealthLink BC: Human Papillomavirus (HPV)
	Men-C-ACYW (Menveo™, Nimenrix® or MenQuadfi™)	SC	- Revaccination with Men-C-ACYW is recommended every 3-5 years for those vaccinated at 6 years of age and younger and every 5 years for those vaccinated at 7 years of age and older. - In addition to Men-C-ACYW, NACI recommends the multi-component meningococcal vaccine serogroup B (4CMenB) vaccine Bexsero® be considered on an individual basis for children ≥2 months of age. It should be strongly considered for children at high risk. For children ≥10 years, Trumenba® (MenB-fHBP) is also an option. Timing of Men-B boosters is yet to be determined but likely similar to Men-C-ACYW schedule. Not publicly funded in BC as of fall 2026. - See Canadian Immunization Guide: Meningococcal Disease
	Var (if susceptible)	IM	- Children 1-12 years inclusive who have never had a dose receive 2 doses, the second dose at least 3 months after the first dose. - For those ≥13 years of age, the recommended interval between 2 doses of varicella vaccine is 6 weeks. - Children who received 1 dose at a younger age only need 1 dose. Live vaccine, please see BC Centre for Disease Control Communicable Disease Control Immunization Program Section 4 – Biological Products for list of contradictions. - Children who have had laboratory confirmed varicella or herpes zoster after 12 months of age do not require varicella immunization.
	Flu	IM/Intra Nasal	For immunocompetent children ≥24 months of age, intranasal influenza live vaccine is an option, except in cases of severe asthma or use of high-dose oral or inhaled steroids within 7 days prior to vaccination. See expanded list for other contraindications BCCDC Immunization Manual.
	COVID-19	IM	Children ≥6 months are eligible as per latest BCCDC guidelines.
14 YEARS Grade 9	Tdap once, then Tdap every 10 years	IM	
	Men-C-ACYW (Menveo™, Nimenrix® or MenQuadfi™)	IM	- See Canadian Immunization Guide: Meningococcal Disease - Please refer to Men-B discussion above in 11 YEARS section.
	Flu	IM/Intra Nasal	For immunocompetent children ≥24 months of age, intranasal influenza live vaccine is an option, except in cases of severe asthma or use of high-dose oral or inhaled steroids within 7 days prior to vaccination. See expanded list for other contraindications BCCDC Immunization Manual.
	COVID-19	IM	Children ≥6 months are eligible as per latest BCCDC guidelines.