

# Routine Immunisation Schedule



Minimum Age of Child	Type of Vaccine	Route of Administration	Administration Site
<b>At birth</b>	*BCG	Intra Dermal	Left Upper Arm
	**OPV0	Oral	Mouth
	***Hep B0	Intramuscular	Anterolateral aspect of right thigh
<b>6 Weeks</b>	Pentavalent (DPT, HEP B and Hib) 1	Intramuscular	Anterolateral aspect of left thigh
	Pneumococcal Conjugate Vaccine 1	Intramuscular	Anterolateral aspect of right thigh
	OPV1	Oral	Mouth
	IPV1	Intramuscular	Anterolateral aspect of right thigh(2.5cm apart from PCV)
	Rotavirus Vaccine 1	Oral	Mouth
<b>10 weeks</b>	Pentavalent (DPT, HEP B and Hib) 2	Intramuscular	Anterolateral aspect of left thigh
	Pneumococcal Conjugate Vaccine 2	Intramuscular	Anterolateral aspect of right thigh
	OPV2	Oral	Mouth
	Rotavirus Vaccine 2	Oral	Mouth
<b>14 weeks</b>	Pentavalent (DPT, Hep B and Hib) 3	Intramuscular	Anterolateral aspect of left thigh
	Pneumococcal Conjugate Vaccine 3	Intramuscular	Anterolateral aspect of right thigh
	OPV3	Oral	Mouth
	Rotavirus Vaccine 3	Oral	Mouth
	IPV2	Intramuscular	Anterolateral aspect of right thigh(2.5cm apart from PCV)
<b>6 months</b>	Vitamin A 1st dose	Oral	Mouth
<b>9 months</b>	Measles 1st dose (MCV1)	Subcutaneous	Left Upper Arm
	Yellow Fever	Subcutaneous	Right upper arm
<b>12 months</b>	Meningitis Vaccine	Intramuscular	Anterolateral aspect of left thigh
	Vitamin A 2nd dose	Oral	Mouth
<b>15 months</b>	Measles 2nd dose *MCV2)	Subcutaneous	Left Upper Arm
<b>9 years</b>	HPV	Intramuscular	Deltoid muscle (left upper arm)

\*BCG should be given at birth and can be given up to 11 months

\*\*OPV0 must be given before the age of two weeks

\*\*\*HEP B0 should be given at birth or within 24 hours

For enquiries, call **0700 277 9800** or email [callcentre@avonhealthcare.com](mailto:callcentre@avonhealthcare.com) to find out more about Avon Secure or to get a quote.