

Vaccine schedule 2019/2020

(As per the Department of Health)

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PAEDIATRIC VACCINES (Excluding Beat1 and Beat1N)

AGE GROUPS INDICATED FOR	NAME	DESCRIPTION	NAPPI CODE
0 to 2 months	OPV Merieux 10 Dose	Polio	823678008
	Bivalent Oral Polio Merieux		722017001
	OPV Merieux 10 Dose plastic tub		841307016
	OPV Merieux 20 Dose Vaccine		823686019
	Polio TD 0.5ml		703335001
	Polioral 10 Dose Trivalent		812331028
	Imovax Polio Vaccine		708854001
0 to 2 months	BCG Intradermal Infant 20	Tuberculosis	872962016
0 to 5 years (Included on Beat1 and Beat1N)	Prevenar 13 28mcg/0.5ml Prefill	Pneumococcus	715858001
	Prevenar 16mcg/0.5ml Prefill Syringe		705032001
	Synflorix Vaccine		714999001
1 to 4 months	Rotarix Liquid Oral Vaccine	Rotavirus	714133001
	Rotateq 2ml Vaccine		710935001

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1 to 6 months	Engerix-B Paed Monodose		700356001
	Euvax B Vial 20mcg/ml		713048002
	Euvax B Vial 20mcg/ml		715349001
	Heberbiovac HB Single Dose 0.5ml	Hepatitis B	701658001
	Heberbiovac HB Single Dose 1ml		701659001
	Hepaccine-B Paed Single Dose		873179005
1 to 24 months	Acatcel-Pasteur 0.5ml	Diphtheria	703226003
	Combacthib Single Dose 0.5ml	Haemophilus Influenzae Type B	834203006
	Tritanrix-hb 0.5ml Single dose	Pertussis	700768001
		Tetanus	
2 to 6 months	DTP-Merieux Single Dose Syringe	Pertussis	825158001
	Infanrix Pre-filled Syringe 0.5ml	Tetanus	703994001
1 to 18 months	Hexaxim Pre-filled Syringe	Diphtheria	719637001
	Pentaxim Prefilled Syringe	Haemophilus Influenzae Type B	707522001
	Infanrix Hexa Vaccine	Hepatitis B	707285001
		Pertussis	
		Polio	
	Tetanus		
2 months to 5 years	ACT-HIB Flu Single Dose 0.5ml		813206006
	Hiberix Single Dose 0.5ml + Saline	Haemophilus Influenzae Type B	700767001
6 to 12 months	Rouvax Single Dose Syringe		825522005
	Measles vaccine 0.5ml	Measles	720384001
	Measbio Multi-Dose Powder Vial		722290001
9 months to 55 years	Menactra Vaccine 0.5ml Vial	Meningitis	720708001
12 to 18 months	Avaxim Prefilled Syringe 80 0.5ml		700513001
	Havrix Junior Single Dose 0.5ml	Hepatitis A	703448001
12 months to 6 years	Varilrix Vial		892939001
	Onvara 1350 PFU/Vial	Chickenpox	723131001
12 months to 6 years	Morupar Single Dose		879452005
	Omzyta Vaccine Powder	Measles	724016001
	Priorix Single Dose 0.5ml Prefill	Mumps	700772001
	Measles, mumps & rubella 0.2ml	Rubella	720383001
	Trimovax 0.5ml		792004019

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12 months to 6 years	Priorix Tetra Vial	Chickenpox Measles Mumps Rubella	716550001
1 year and older	Twinrix Vaccine Twinrix junior vial	Hepatitis A and B	706829001 892944004
2 to 12 years	Typherix Pre-Filled Syringe Single Typhim VI 0.5ml Prefilled	Typhoid Fever	703442001 822442019
2 years and older	Dukoral Vaccine	Cholera	703846001
2 years and older	Mencevax ACWY single dose vial	Meningitis	884039002
2 years and older	Vivaxim 1ml pre-filled syringe	Hepatitis A Typhoid	717194001
4 to 12 years	Boostrix Tetra Pre-filled Syringe	Diphtheria	716655001
	Adacel Quadra Prefill Syringe	Pertussis	713229001
	Tetraxim Prefilled Syringe 0.5	Polio	711258001
	Boostrix Vaccine Prefilled	Tetanus	3000689001
7 to 12 years	Diftavax Pre-filled Single Dose	Diphtheria	703367001
	DT Vax 0.5ml Single Dose	Tetanus	842443002
13 years and older	Diftavax pre-filled single dose	Diphtheria Tetanus (for adults)	703367001

OTHER VACCINES (Excluding Beat1 and Beat1N)

AGE GROUPS INDICATED FOR	NAME	DESCRIPTION	NAPPI CODE
No age limit	Engerix B adult monodose	Hepatitis B for adults	700210001
	Heberbiovac HB single dose 1ml		701659001
No age limit	Rabipor single dose	Rabies	879460008
	Sii rabivax-rabies Vaccine		720633002
	Verorab syringe		814970001
No age limit	Stamaril injection	Yellow fever	814989004
No age limit	Tetavax Single 0.5ml Injection	Tetanus	832693006
	Tetagam IM 500iu/ml injection		804150028
	Tetagam IM 250iu/2ml injection		812919009
	Tetagam IM 2ml		888559004

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