

# Your Child's Immunization Schedule

Vaccine	Age	Birth	Months						Years				
			2	4	6	12	15	18	4-6	11-12			
BCG		2/1/19											
Hepatitis B													
A Hexa (DTaP+ Hib+HBV+IPV)													
	B Penta (DTaP+ Hib+HBV)		11/2/19	11/3/19	11/4/19								
Rotavirus			11/2/19										
Oral Polio Vaccine			11/2/19	11/3/19	11/3/19								
Pneumococcal Vaccine			11/2/19	11/3/19	11/4/19								
Measles, Mumps, Rubella													
							11/8/22						
Varicella							11/12/22						
Hepatitis A							11/12/22						
Influenza													
Meningococcal ACW135													

- A. Hexa: DTaP (Diphtheria, Pertussis, Tetanus) + Hib (Haemophilus influenzae type B) + HBV (Hepatitis B) + IPV (Injectable Polio)
- B. Penta: DTaP (Diphtheria, Pertussis, Tetanus) + Hib (Haemophilus influenzae type B) + HBV (Hepatitis B)
- C. Tetra (DTaP+Hib)
- D. Tripacel
- E. Tetanus, Diphtheria
- F. Influenza, Meningococcal Meningitis, Haj, Umra, Endemic countries (Special cases).

Are the vaccines recommended for routine administration to children

Following immunization inform the doctor/nurse if your child is suffering from:

- Epileptic fits, seizures or convulsions
- Any untoward reaction from the previous vaccinations
- Severe cough/colds with fever and not feeling well in anyway

### Common Immunization Reactions

Fever, local swelling, redness and pain at the injection site

### Home Care Advice for Immunization Reactions

Local Reaction at Injection Site:  
 Cold Pack : 20 minutes each hour as needed  
 Fever: Give Acetaminophen or Ibuprofen as needed.  
 Localized Hives: Apply 1% hydrocortisone cream OTC once or twice.

Date	Vaccine
14/4/19	IPV
15/10/19	Meningitis
8/7/22	Meningitis

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