

# Guide on Reading Ukrainian & Russian Vaccination Records

For IOM and Affiliated Panel Physicians providing  
health assessments to Ukrainian Refugees and  
Immigrants



International Organization for Migration (IOM)  
The UN Migration Agency

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# Introduction

With millions of children and adults leaving Ukraine during the war, and with deteriorating epidemiological situation faced by refugees and migrants, the risk of infectious diseases, causing severe illness and death, substantially increased. This crisis is further aggravated by suboptimal routine childhood vaccination coverage and vaccination hesitancy affecting refugees and migrants from Ukraine, as well as lack of vaccine records, that create additional challenges for health care professionals, frequently not having clear national guidelines and/or training on providing vaccination to people with missing, delayed or interrupted vaccine series, while also addressing language and cultural issues that might be causing vaccine hesitancy.

This document aims to address some of the mentioned gaps by providing an overview of the documentation used in Ukraine to record and store the information about the vaccination, listing major vaccination hesitancy issues and ways to address them as well as referring the European and international guidelines on providing vaccination to people with missing, delayed, or interrupted vaccine series. It also contains the basic information on the abbreviations used for different types of vaccinations (examples in Ukrainian and Russian languages are provided), evaluation of the Ukrainian vaccination calendar and a comparison table between the Ukrainian and other vaccination calendars (EU and US). Though there are officially approved by the Ministry of Health of Ukraine forms of documents dedicated to vaccination records, these records may still vary depending on the health institution and the time they were made/provided.

Please, note that if there are no documents confirming previous immunizations, or the documents provided are inaccurate, it is recommended to presume that the vaccine in question was not received, and re-vaccination is required.



# Vaccination Calendars in Ukraine, Europe, and the United States

## Vaccinations in Ukraine

According to the Vaccination Calendar Ukrainian children receive vaccines against such diseases as:

- **Hepatitis B**

Hepatitis B vaccination was included to the Vaccination Calendar in Ukraine starting from 2000, but the vaccine was introduced into the childhood immunization program only in 2001 with the support of the Global Alliance for Vaccines and Immunization (GAVI). Therefore, people born before 2001 have not been vaccinated against Hepatitis B. During 2004-2008, vaccination coverage of children under 1 year in Ukraine reached record levels: from 84% to almost 98%. Since 2009, due to the spread of anti-vaccination ideas, parents began to refuse vaccination in masse. For 9 years of this trend in Ukraine, about 2.5 million children have accumulated who do not have immune protection against hepatitis B. • Tuberculosis: 3–5 days of life.

- **Tuberculosis**

Vaccination is carried out on the 3rd-5th day of the child's life (not earlier than 48h after birth) with the Bacillus Calmette-Guérin vaccine (hereinafter - BCG). BCG vaccination is not carried out on the same day with other vaccinations. Children who are less than two months old are vaccinated against tuberculosis without a preliminary Mantoux test. After two months of age, before vaccination, the child should have a Mantoux test. Vaccination is provided only in case of negative Mantoux test result. Children vaccinated with BCG, may not necessarily form a scar, and if there is a reliable confirmation of the vaccination, are not subject to re-vaccination.

- **Measles, Mumps, Rubella**

In Ukraine, Measles, Mumps and Rubella vaccinations are provided using the MMR vaccine (Measles, Mumps and Rubella). Starting from 2000, to support the National Immunization Program and the needs of the private vaccine market, vaccines "Priorix" (manufactured by Glaxosmithkline Biologicals S.A., Belgium) and "M-M-R II" (manufactured by Merck & Co., Inc., USA) are being used. Both vaccines are guaranteed by the government free of charge as part of the national vaccination schedule.

- **Diphtheria, Tetanus and Pertussis**

At an early age vaccination is provided with DPT vaccine - a multivalent vaccine, which includes Diphtheria and Tetanus anatoxins for the prevention of Diphtheria and Tetanus, and Pertussis component for the prevention of Pertussis. At this stage it is possible to use vaccines with both acellular and whole-cell Pertussis components. The next vaccination with DT vaccine is done at the age of six - it is a booster vaccination that does not contain a Pertussis component. The sixth vaccination is done at the age of 16 with the Td vaccine (with a reduced content of Diphtheria and Tetanus antigens). In the future, every ten years, an adult must revaccinate with a Td vaccine.

- **Polio**

Vaccination of children for the prevention of Polio is carried out at the age of 2 months, 4 months, 6 months, 18 months, 6 years, and 14 years. Inactivated Polio vaccine (hereinafter - IPV) is used for the first two vaccinations, and in case of contraindications to the administration of oral Polio vaccine (hereinafter - OPV) - for all subsequent vaccinations according to this Calendar. OPV vaccine is used for the third - sixth vaccinations (vaccination by age - 6 months, 18 months, 6 years, and 14 years) in the absence of contraindications to OPV. IPV vaccine can be used for the third - sixth vaccinations both separately and as part of combined vaccines.

- **HiB infection**

Hib infection vaccination can be carried out with monovalent vaccines and combined vaccines containing Hib component. Vaccination for the prevention of Hib infection should be carried out according to the 2-4-12 months schedule. Vaccination is carried out for children under 4 years 11 months 29 days. At an older age, vaccination against Hib infection is carried out only for persons at risk.

	Birth	3-5 days	2 Months	4 Months	6 Months	12 Months	18 Months	6 Years	14 Years	16 Years	26 Years
<b>Hep B</b>	1st dose		2nd dose		3rd dose						
<b>BCG</b>		1 dose									
<b>MMR</b>						1st dose		2nd dose			
<b>DTaP</b>			1st dose	2nd dose	3rd dose		4th dose				
<b>DT</b>								1st dose		2nd dose	3d dose Every other dose after 10 years
<b>Hib</b>			1st dose	2nd dose		3rd dose					
<b>Polio</b>			1st dose (IPV)	2nd dose (IPV)	3rd dose (IPV/OPV)		4th dose (IPV/OPV)	5th dose (IPV/OPV)	6th dose (IPV/OPV)		

First four doses are DTaP, fifth dose is DT and sixth dose is TD.  
First and second doses are always IPV, while third through sixth doses can be either IPV or OPV + IPV: injectable polio vaccine; OPV: oral polio vaccine

## Evolution of the Ukrainian Vaccination Calendar

English	Ukrainian	1958	1966	1968	1980	1982	2000	2006	2011	2022
<b>Polio</b>	<b>Поліомієліт</b>									
<b>Whooping cough</b>	<b>Кашлюк</b>									
<b>Diphtheria</b>	<b>Дифтерія</b>									
<b>Tetanus</b>	<b>Правець</b>									
<b>Measles</b>	<b>Кір</b>									
<b>Parotitis</b>	<b>Паротит</b>									
<b>Rubella</b>	<b>Краснуха</b>									
<b>Tuberculosis</b>	<b>Туберкульоз</b>									
<b>Hepatitis B</b>	<b>Гепатит В</b>									
<b>Hib infection</b>	<b>Хіб-інфекція</b>									
<b>COVID-19</b>	<b>COVID-19</b>									
<b>Smallpox</b>	<b>Віспа</b>									

## EU and U.S. Vaccination Calendars

Vaccination Calendar in Poland

	Birth	6 weeks	2 Months	4 Months	5-6 Months	7 Months	9 Months	13 Months	16 Months	18 Months	6 Years	10 Years	12 Years	14 Years	19 Years
<b>BCG</b>	1st dose														
<b>Hep B</b>	1st dose		2nd dose			3rd dose									
<b>MMR</b>								1st dose				2nd dose		3rd dose	
<b>DTP</b>			1st dose	2nd dose	3rd dose				4th dose	5th dose					
<b>DTaP</b>											1st dose			2nd dose	
<b>DT</b>															1st dose
<b>Hib</b>			1st dose	2nd dose	3rd dose				4th dose						
<b>Polio (IPV)</b>				1st dose	2nd dose				3rd dose		4th dose				
<b>Meningococcal disease</b>			1st dose			2nd dose									
<b>Pneumococcal disease PCV</b>			1st dose	2nd dose				3rd dose							
<b>Varicella</b>										1st dose					
<b>Rotavirus</b>		1st dose													

Polish vaccination calendar was selected as an example of EU vaccination calendar as according to the data, provided by UNHCR, the largest number of Ukrainian refugees are residing in Poland.

Vaccination Calendar in the U.S.

	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years	11-12 Years	16 Years
<b>Hep B</b>	1st dose	2nd dose			3rd dose						
<b>MMR</b>						1st dose			2nd dose		
<b>DTaP</b>			1st dose	2nd dose	3rd dose			4th dose	5th dose		
<b>Tdap</b>										1st dose	
<b>Hib</b>			1st dose	2nd dose		3rd dose					
<b>Polio (IPV)</b>			1st dose	2nd dose	3rd dose				4th dose		
<b>Meningococcal disease (ACWY)</b>										1st dose	2nd dose
<b>Pneumococcal disease (PCV 13)</b>			1st dose	2nd dose	3rd dose	4th dose					
<b>Varicella</b>						1st dose			2nd dose		

## Documents, that can prove the vaccination status of a Ukrainian refugee

The vaccinations status of a Ukrainian refugee can be confirmed by the primary medical documentation: «Child development history» (form No. 112/o)

- «Immunization card» (form No. 063/o)
- «Outpatient medical record» (form № 025/o)
- Electronic health care system
- International vaccination certificate
- Vaccination Certificate
- Other medical documents containing vaccination information.

## How to obtain vaccination records

- Review and translate official vaccination records provided by the migrant, with the help of this guide.
- Contact a representative of the medical institution that was advised by the migrant and ask them to provide a vaccination certificate. This Certificate is being filled out based on the information from the «Immunization card»/form No. 063/o (stored at the medical institution) and the information entered in the Electronic Health Care System. The Vaccination Certificate can be created in an electronic form (with an electronic digital signature) or in a paper form with a signature of the medical worker who created this Certificate and a seal of the medical institution.
- If you work with Ukrainian refugees and you are struggling in obtaining or reading their vaccination records, please, refer to IOM

If a person cannot prove the vaccinations provided through the official documents mentioned above, it is considered that the vaccination was not provided, in which case the immunization must be provided according to the National Immunization Plan of the host country, adjusted for those with missing or interrupted vaccine series with the help of ECDC, CDC and/or WHO guidelines.

# Vaccination records documents in Ukraine

## «Child development history» (form No. 112/o). Immunization chapter

You can see the translated Front page, that contains the information about a healthcare facility and a child's personal information. The Vaccination chapter (N10) is divided into Planned and Unplanned vaccinations and there's also a place where you can find the information about Mantoux screening test reactions.

«Child development history» (form No. 112/o) Front page

ЗАТВЕРДЖЕНО  
Міністерством охорони здоров'я України  
18 липня 2014 року № 1/1

МЕДИЧНА ДОКУМЕНТАЦІЯ  
Форми первинної облікової документації  
№ 112/о  
ЗАТРИ ВІДБІЛНО  
Насва МОЗ України

Історія розвитку дитини № \_\_\_\_\_

Триває період: \_\_\_\_\_

Відомості про батьків: \_\_\_\_\_

1. Прізвище: \_\_\_\_\_ 2. Ім'я: \_\_\_\_\_ 3. Стать: чоловік – 1, жінка – 2

4. Дата народження: \_\_\_\_\_ 5. Місце народження: \_\_\_\_\_

6. Вихідні про медико-санітарно-гігієнічний стан дитини: \_\_\_\_\_

«Child development history» (form No. 112/o) Front page

APPROVED  
Decree of the MoH of Ukraine  
July 24, 2014 No. 1/1

MEDICAL DOCUMENTATION  
Form  
No. 112/o  
APPROVED  
Decree of the MoH of Ukraine  
No. 1/1

Child development history No. \_\_\_\_\_

Child's name: \_\_\_\_\_

1. Surname: \_\_\_\_\_ 2. First name: \_\_\_\_\_ 3. Gender: male – 1, female – 2

4. Date of birth: \_\_\_\_\_ 5. Place of birth: \_\_\_\_\_

6. Information about the child's health status: \_\_\_\_\_

X. КАРТА ОБЛІКУ ПРОФИЛАКТИЧНИХ ІН'ЕКЦІЙ І РЕАКЦІЙ НА ІН'ЕКЦІЇ

Immunization chapter 1

Щеплення проти	Дата проведення	Від літності	Доза	Серія	Реакція	
					системна	локальна
Туберкульоз						
Поліомієліт						
Дифтерія, кашлюк, пертис (АД/ДТ)						
Тифоїдний паратиф (Д/ДТ)						
Корупі, епітеліальний паротит (корупі/епі/паротит)						
Щеплення проти гепатиту В						

Immunization chapter 1 X. Vaccination records

Vaccination agent	Vaccination date	Age	Dose	Lot number	Reaction	
					systemic	local
Tuberculosis						
Polio						
Diphtheria, Tetanus, and Whooping Cough (DTP)						
Typhoid, paratyphoid (D/DT)						
Measles, mumps, rubella (MMR)						
Hepatitis B						

Immunization chapter 2

Найменування проб	Дата проведення	Від літності	Доза	Серія	Результат	3. МЕДИЧНІ ПРОТИПОКАЖІ ДО ПРОВЕДЕННЯ ПРОВІДЕННЯ		
						Найменування	дата	проблема
Результат Манту								
Інші тести								

Immunization chapter 2

Type of the test	Date	Age	Dose	Lot number	Result	3. Medical contraindications		
						Vaccination	Date	Reason
Mantoux test								
Other vaccinations								

## «Immunization card» (form No. 063/o)

In this document, the Front page contains the information about a healthcare facility and a child's personal information. Then you can see the information about the vaccinations provided starting from BCG and ending with the information of Tuberculin tests provided.

«Immunization card» (form No. 063/o) Ukrainian

APPROVED  
Decree of the MoH of Ukraine  
10.01.2006 №1

MEDICAL DOCUMENTATION  
Form No. 063/o  
APPROVED  
Decree of the MoH of Ukraine

КАРТА ПРОФИЛАКТИЧНИХ ЩЕПЛЕНЬ

Відомості про дитину: \_\_\_\_\_

1. Прізвище, ім'я, по батькові: \_\_\_\_\_

2. Дата народження: \_\_\_\_\_

3. Стать: чоловік – 1, жінка – 2

4. Пошта адреси місця проживання: \_\_\_\_\_

5. Місце у: місті – 1, селі – 2

6. Щеплення проти туберкульозу

Від щеплення	Назва препарату	Від	Дата	Доза	Серія	Реакція на щеплення	Медичні протипоказання

7. Щеплення проти поліомієліту

Від щеплення	Назва препарату	Від	Дата	Доза	Серія	Реакція на щеплення	Медичні протипоказання

8. Щеплення проти дифтерії, кашлюку, пертис

Від щеплення	Назва препарату	Від	Дата	Доза	Серія	Реакція на щеплення	Медичні протипоказання

«Immunization card» (form No. 063/o) English

APPROVED  
Decree of the MoH of Ukraine  
10.01.2006 №1

MEDICAL DOCUMENTATION  
Form No. 063/o  
APPROVED  
Decree of the MoH of Ukraine

IMMUNIZATION CARD

On record since: \_\_\_\_\_ Date of filling: \_\_\_\_\_

Name of the institution for children: \_\_\_\_\_ Area number: \_\_\_\_\_

1. Surname and name: \_\_\_\_\_

2. Date of birth: \_\_\_\_\_

3. Gender: male – 1, female – 2

4. Address: \_\_\_\_\_

5. Lives in: a city – 1, village – 2

6. Tuberculosis vaccination

Type of vaccination	Age	Date	Dose	Lot number	Vaccination reaction (local)	Medical contraindications (date, reason)

7. Polio Vaccination

Vaccination	Re-vaccination	Medical contraindications (date, reason)

8. Diphtheria, Tetanus, and Whooping Cough Vaccination

Type of vaccination	Name of the vaccine	Age	Date	Dose	Lot number	Vaccination reaction systemic	local	Medical contraindications (date, reason)

9. Vaccination against measles

Від щеплення	Назва препарату	Від	Дата	Доза	Серія	Реакція на щеплення	Медичні протипоказання

10. Vaccination against mumps

Від щеплення	Назва препарату	Від	Дата	Доза	Серія	Реакція на щеплення	Медичні протипоказання

11. Vaccination against rubella

Від щеплення	Назва препарату	Від	Дата	Доза	Серія	Реакція на щеплення	Медичні протипоказання

12. Vaccination against hepatitis B

Від щеплення	Назва препарату	Від	Дата	Доза	Серія	Реакція на щеплення	Медичні протипоказання

13. Other vaccinations

Type of vaccination	Name of the vaccine	Age	Date	Dose	Lot number	Vaccination reaction systemic	local	Medical contraindications (date, reason)

14. Tuberculin tests

Age	Date	Lot number	Result	Age	Date	Lot number	Result	Age	Date	Lot number	Result

9. Measles Vaccination

Age	Date	Dose	Lot number	Vaccination reaction systemic	local	Medical contraindications (date, reason)

10. Mumps Vaccination

Age	Date	Dose	Lot number	Vaccination reaction systemic	local	Medical contraindications (date, reason)

11. Rubella Vaccination

Age	Date	Dose	Lot number	Vaccination reaction systemic	local	Medical contraindications (date, reason)

12. Hepatitis B Vaccination

Type of vaccination	Name of the vaccine	Age	Date	Dose	Lot number	Vaccination reaction systemic	local	Medical contraindications (date, reason)

13. Other vaccinations

Type of vaccination	Name of the vaccine	Age	Date	Dose	Lot number	Vaccination reaction systemic	local	Medical contraindications (date, reason)

14. Tuberculin tests

Age	Date	Lot number	Result	Age	Date	Lot number	Result	Age	Date	Lot number	Result

# Vaccination Certificate

In the top part of the document, you can find the personal information and the type of the vaccination provided. Below, you will find a more detailed information on the name of the vaccine and the dates the vaccination was provided. The information is filled in both, Ukrainian and English (can be also filled only in English).

**INTERNATIONAL CERTIFICATE\* OF VACCINATION OR PROPHYLAXIS**      **МІЖНАРОДНЕ СВДОЦТВО\* ПРО ВАКЦИНАЦІЮ/ПРОФІЛАКТИКУ**

This is to certify that [name] \_\_\_\_\_ Цим засвідчується, що громадянин \_\_\_\_\_ (прізвище, ім'я по батькові)

date of birth \_\_\_\_\_ sex \_\_\_\_\_ Жінка / Чоловік      Україна / Громадянство \_\_\_\_\_  
дата, місяць, рік народження \_\_\_\_\_ стать \_\_\_\_\_

nationality \_\_\_\_\_ Ukraine      національний ідентифікаційний документ, у разі застосування \_\_\_\_\_  
national identification document, if applicable \_\_\_\_\_ чий підпис наведено в \_\_\_\_\_  
whose signature follows \_\_\_\_\_ чий підпис наведено в \_\_\_\_\_  
follows \_\_\_\_\_ був вакцинований або одержав засіб профілактики проти \_\_\_\_\_  
has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition) \_\_\_\_\_ (назва хвороби або стану)

Coronavirus disease 2019 (COVID-19)      Коронавірусна хвороба 2019 (COVID-19)  
in accordance with the International Health Regulations      згідно з Міжнародними медико-санітарними правилами.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch no. of vaccine or prophylaxis	Certificate valid from: until:	Official stamp of the administering centre
Назва вакцини або засобу профілактики	Дата	Підпис та посада лікаря-клініциста, що здійснює контроль	Найменування виробника та номер партії вакцини або засобу профілактики	Свідоцтво дійсне з _____ по _____	Офіційна печатка закладу в якому проведена процедура
ВАКЦИНА CHADOXI NCOV-19 CORONA VIRUS (РЕКОМБІНАНТНА), КОВІШЕЛД / CHADOXI NCOV-19 CORONA VIRUS VACCINE (RECOMBINANT), COVISHIELD	24.03.2021	Матвієнко Людмила Захарівна Лікар-терапевт	Serum Institute of India Pvt. Ltd СЕРУМ ІНСТІТЮТ ОФ ІНДІА ПВТ. ЛТД., Індія 4120Z027	з 22.06.2021 по 22.06.2022	[Печатка закладу охорони здоров'я]
ВАКЦИНА АСТРАЗЕНЕКА ПРОТИ COVID-19 / COVID-19 VACCINE ASTRAZENECA	22.06.2021	Матвієнко Людмила Захарівна Лікар-терапевт	SK Bioscience Co. Ltd СК біосайнс Ко., Лтд., Республіка Корея АВХ2792		[Печатка закладу охорони здоров'я]

**INTERNATIONAL CERTIFICATE\* OF VACCINATION AND PROPHYLAXIS**

**МІЖНАРОДНЕ СВДОЦТВО\* ПРО ВАКЦИНАЦІЮ/ПРОФІЛАКТИКУ**

This is to certify that [name]..SHMAGIN ..IVAN..... Цим засвідчується, що громадянин..ШМАГІН ІВАН..ПЕТРОВИЧ.....  
date of birth..06.08.1985..... sex..Male..... (прізвище, ім'я по батькові)

nationality..Ukraine..... 06.08.1985..... Чол..... Україна.....  
national identification document, if applicable ..ME255874..... (дата, місяць, рік народження) (стать) (громадянство)

whose signature follows .....[Підпис громадянина]..... (національний ідентифікаційний документ, у разі застосування)

has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition) чий підпис наведено в ..... [Підпис громадянина].....  
був вакцинований або одержав засіб профілактики проти

Coronavirus disease (COVID-19)..... Коронавірусна хвороба (COVID-19).....  
in accordance with the International Health Regulations. (назва хвороби або стану)  
згідно з Міжнародними медико-санітарними правилами.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch no. of vaccine or prophylaxis	Certificate valid from: until:	Official stamp of the administering centre
Назва вакцини або засобу профілактики	Дата	Підпис та посада лікаря-клініциста, що здійснює контроль	Найменування виробника та номер партії вакцини або засобу профілактики	Свідоцтво дійсне з _____ по _____	Офіційна печатка закладу, в якому проведена процедура
CoviShield	09.04.2021	Кравченко Олена, therapist of the Kyiv City Clinical Hospital № 17 [Підпис лікаря]	Serum Institute of India, India, 4120Z027	from: 02.07.2021 until: 07.01.2022	[Печатка закладу охорони здоров'я]
Ковішелд	09.04.2021	Кравченко Олена, лікар-терапевт Київської міської клінічної лікарні № 17 [Підпис лікаря]	Серум Інстїтїют оф Індїа Пвт. Лтд, Індїа, 4120Z027	з 02.07.2021 р. по 07.01.2022 р.	[Печатка закладу охорони здоров'я]
AstraZeneca	02.07.2021	Кравченко Олена, therapist of the Kyiv City Clinical Hospital № 17 [Підпис лікаря]	SK Bioscience Co Ltd., Republic of Korea, CTMAV525	02.07.2021 р. по 07.01.2022 р.	[Печатка закладу охорони здоров'я]
Астразенека	02.07.2021	Кравченко Олена, therapist of the Kyiv City Clinical Hospital № 17 [Підпис лікаря]	СК біосайнс Ко., Лтд. (№.97), Республіка Корея, CTMAV525	02.07.2021 р. по 07.01.2022 р.	[Печатка закладу охорони здоров'я]

# Vaccines commonly used in Ukraine. Translations and abbreviations.

	Description	English name/abbr	Ukrainian name/abbr	Handwritten in Ukrainian	Russian name/abbr	Handwritten in Russian
<b>Hepatitis B</b>	Recombinant DNA Hepatitis B vaccine derived from HBsAg produced by DNA recombinant technology in yeast cells ( <i>Saccharomyces cerevisiae</i> )	Euvax B	Еувакс В	<i>Еувакс В</i>	Эувакс В	<i>Еувакс В</i>
	Recombinant DNA vaccine containing Hepatitis B surface antigen (HBsAg)	Engerix B	Енджерікс В	<i>Енджерікс В</i>	Энджерикс	<i>Еувакс В</i>
	Inactivated Hepatitis A virus (strain HM175) and noninfectious Hepatitis B virus surface antigen (HBsAg)	Twinrix	Твінрікс	<i>Твінрікс</i>	Твинрикс	<i>Твінрікс</i>
<b>Tuberculosis</b>	Bacillus Calmette-Guérin	BCG	БЦЖ	<i>БЦЖ</i>	БЦЖ	<i>БЦЖ</i>
<b>Measles, Mumps and Rubella</b>	Measles-Mumps-Rubella vaccine	MMR	КПК	<i>КПК</i>	КПК	<i>КПК</i>
	Live, attenuated combined Measles, Mumps and Rubella vaccine	Priorix	Пріорікс	<i>Пріорікс</i>	Приорикс	<i>Пріорікс</i>
<b>Diphtheria, Tetanus and Pertussis</b>	Diphtheria and Tetanus toxoids and whole-cell Pertussis (DTP) vaccine	DTP	АКДП	<i>АКДП</i>	АКДС	<i>АКДС</i>
	Diphtheria, Tetanus and acellular Pertussis vaccine	DTaP	АаКДП	<i>АаКДП</i>	АаКДС	<i>АаКДС</i>
	Diphtheria-Tetanus (DT) vaccine	DT	АДП	<i>АДП</i>	АДС	<i>АДС</i>
	Tetanus-diphtheria toxoid with reduced amount of diphtheria toxoid	Td	АДП-м	<i>АДП-м</i>	АДС-м	<i>АДС-м</i>
	Absorbed Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis vaccine	Boostrix	Бустрікс	<i>Бустрікс</i>	Бустрикс	<i>Бустрікс</i>
	Adsorbed Diphtheria and Tetanus Toxoids and Acellular Pertussis vaccine	Infanrix	Інфанрікс	<i>Інфанрікс</i>	Инфанрикс	<i>Інфанрікс</i>
<b>Hib</b>	Haemophilus b Conjugate Vaccine	Hiberix	Хіберікс	<i>Хіберікс</i>	Хиберикс	<i>Хіберікс</i>
<b>Poliomyelitis</b>	Inactivated Poliomyelitis vaccine	IPV	ІПВ	<i>ІПВ іпв</i>	ИПВ	<i>ИПВ</i>
	Inactivated Poliomyelitis vaccine	Imovax Polio	Імовакс Поліо	<i>Імовакс Поліо</i>	Имовакс Полио	<i>Имовакс Полио</i>
	Oral Poliomyelitis vaccine	OPV	ОПВ	<i>ОПВ</i>	ОПВ	<i>ОПВ</i>
<b>Meningococcus</b>	Includes four antigenic proteins to protect against the majority of circulating MenB strains	Bexsero	Бексеро	<i>Бексеро</i>	Бексеро	<i>Бексеро</i>
	Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine	Menactra	Менактра	<i>Менактра</i>	Менактра	<i>Менактра</i>
	Meningococcal polysaccharide groups A, C, W-135 and Y conjugate vaccine	Nimenrix	Німенрікс	<i>Німенрікс</i>	Нименрикс	<i>Німенрікс</i>
<b>Rotavirus</b>	Live attenuated human rotavirus RIX4414 strain	Rotarix	Ротарікс	<i>Ротарікс</i>	Ротарикс	<i>Ротарікс</i>
<b>Pneumococcus</b>	Pneumococcal polysaccharide conjugate vaccine, 13-valent adsorbed	Prevenar 13	Превенар 13	<i>Превенар 13</i>	Превенар 13	<i>Превенар 13</i>
	Pneumococcal conjugate vaccine (Non-Typeable Haemophilus influenzae protein D, diphtheria or tetanus toxoid conjugates) adsorbed	Synflorix	Синфлорікс	<i>Синфлорікс</i>	Синфлорикс	<i>Синфлорікс</i>
<b>Varicella</b>	Live attenuated varicella vaccine	Varilrix	Варілрікс	<i>Варілрікс</i>	Варилрикс	<i>Варілрікс</i>
<b>HPV</b>	Human Papillomavirus Vaccine [Types 6, 11, 16, 18] (Recombinant, adsorbed)	Gardasil 4	Гардасил 4	<i>Гардасил 4</i>	Гардасил 4	<i>Гардасил 4</i>
	Adjuvanted non-infectious recombinant vaccine prepared from the major capsid protein of oncogenic HPV types 16 and 18	Cervarix	Церварікс	<i>Церварікс</i>	Церварикс	<i>Церварікс</i>
<b>Other combined vaccines</b>	Adsorbed Diphtheria, Tetanus, pPertussis (acellular component) and Inactivated Poliomyelitis vaccine	Tetraxim	Тетраксім	<i>Тетраксім</i>	Тетраксим	<i>Тетраксім</i>
	Adsorbed diphtheria, tetanus, pertussis (acellular component), inactivated poliomyelitis vaccine and haemophilus type B conjugate vaccine	Pentaxim	Пентаксім	<i>Пентаксім</i>	Пентаксим	<i>Пентаксім</i>
	Diphtheria, tetanus, pertussis (acellular, component), hepatitis B (rDNA), poliomyelitis (inactivated) and Haemophilus influenzae type b conjugate vaccine (adsorbed)	Hexaxim	Гексаксім	<i>Гексаксім</i>	Гексаксим	<i>Гексаксім</i>

Combined Diphtheria -Tetanus - acellular Pertussis (dTpa) and inactivated Poliovirus vaccine	Infanrix + IPV	Інфанрікс + ІПВ	Инфанрикс + ипв	Инфанрикс + ИПВ	Инфанрикс + ипв
Combined hexavalent Diphtheria-Tetanus-acellular Pertussis- Hepatitis B -inactivated Poliovirus - Haemophilus Influenzae type B vaccine	Infanrix hexa	Інфанрікс гекса	Инфанрикс гекса	Инфанрикс гекса	Инфанрикс гекса
Diphtheria, Tetanus, Pertussis (acellular component) and Poliomyelitis (inactivated) vaccine (adsorbed, reduced antigen(s) content)	Boostrix polio	Бустрікс поліо	Бустрикс полио	Бустрикс полио	Бустрикс полио

Examples and translations are provided in both, Ukrainian and Russian languages, as vaccination records may have been provided in Russian as well (especially those, made earlier than in 2000). The examples of vaccines indicated in the table above do not reflect the full list of the vaccines used in Ukraine. The table reflects only the most used vaccines.

Letter "T" in handwritten, in both Ukrainian and Russian can look both like 

Letter "P" in handwritten, in both Ukrainian and Russian can look both like 



# Vaccinations in Ukraine. Examples of translated records

## HEPATITIS B vaccination

2. Щеплення проти гепатиту В

Вид щеплення	Назва препарату	Вік Age	Дата Date	Доза Dose	Серія Lot N	Реакція загальна
Вакцинація	Inf.hexa (Infanrix hexa)	6 чх	10.12.14	0,5	Н21СЄ237А	
Ревакцинація	Inf.hexa (Infanrix hexa)	2,5 чх	16.07.15	0,5	Н21СЄ237А	

Tuberculosis (TB) vaccinations. The BCG (Bacillus Calmette-Guérin) vaccine is indicated as «БЦЖ»

Против туберкулеза — Against Tuberculosis

возр.	дата	серія	доза	BCG vaccine
	5 X 84	005	0130	луче нет
	17 X 98	005	0105	луче 5мм

Date Month Year Dose Lot N Scar No (no scar)  
 Scar 5 mm (5mm)

### ПРИВИВКИ ПРОТИВ ТУБЕРКУЛЕЗА

Возраст	Дата	Доза	Серия	Реакция на прививку (местная)	Медицинский отвод (дата, причина)
	5 X 84	005	0130		
	17 X 98	005	0105		

BCG Date Dose Lot N

Відмітки про зміну адреси Vaccinations against Tuberculosis

6. Щеплення проти туберкульозу

Вид щеплення	Вік Age	Дата Date	Доза Dose	Серія Lot N	Реакція на щепл (місцева)
Вакцинація	3д (пологовий будинок)	25.08.2020	0,05	386-2	
Ревакцинація					

3 days (maternity hospital)

## Tuberculin tests

Туберкулезные пробы Tuberculin tests

дата	результат	BC
22 III 14	10/36	отрицательная
15 IV 16	10/46	отрицательная
22 IV 17	11/49	отрицательная
30 IV 19	20/03	отрицательная

Date Lot N Negative reaction

Реакция Пиркетта Mantoux test

Дата	результат	возр.
1986 - 1998	0,100	
27 X 99	0,10	14/12
27 X 00	0,10	14/9

Date Dose Lot N Reaction of 5mm

negative reaction

# Measles, Mumps, Rubella vaccinations

The first dose is given at the age of 12 months and the second vaccination is at the age of 6 years. Previous measles, mumps or rubella is not a contraindication to vaccination.

9. Щеплення проти кору Vaccinations against Measles					
Вік Age	Дата Date	Доза Dose	Серія Lot N	Реакція на щеплення	
				загальна	місцева
16.05.22	0,5	A69CE205A	(Priorix)		

10. Щеплення проти паротиту Vaccinations against Mumps					
Вік	Дата	Доза	Серія	Реакція на щеплення	
				загальна	місцева
16.05.22	0,5	A69CE205A			

11. Щеплення проти краснухи Vaccinations against Rubella					
Вік	Дата	Доза	Серія	Реакція на щеплення	
				загальна	місцева
16.05.22	0,5	A69CE205A			

серія	результат	дата
IV/паротит	A/Mumps (against Mumps)	4 IX 20.08.16
IV/кору	A/Measles (against Measles)	4 IX 20.08.16
IV/краснуха		29 V 21.05.20

8. Щеплення проти дифтерії, кашлюку, правця and Tetanus						
Вид щеплення	Назва препарату	Вік Age	Дата Date	Доза Dose	Серія Lot N	Реакція на щеплення
						загальна
Vaccination	інфанрікс гекса	2m2d	24.10.2020	0,5	A21CD 754A	
Infanrix hexa	інф. іпв+хб	4m	26.12.20	0,5	A20CB556A	
Revaccination	інф. іпв	6m5d	27.02.21	0,5	A21CD803A	
Revaccination	інф. іпв	1,1y	21.07.22	0,5	AC20B420A	

## Haemophilus Influenzae type B (HiB) vaccination

3. Другі щеплення						
Вид щеплення	Назва препарату	Вік	Дата	Доза	Серія	Реакція на щеплення
						загальна
HiB	Inf. hexa (infanrix hexa)		10.12.14	0,5	A81CC237H	
			25.10.15	0,5	A81CC237H	

## Polio vaccinations

ПРИВИВКИ ПРОТИВ ПОЛІОМІЄЛИТА					
Возраст	Дата	Серія	Возраст	Дата	Polio vaccinations
25	Pentaxim	пентаксим	21.70		Lot N
25	Poliorix	поліорікс	21.80		
28	OPV	OPV	28.14		

## Diphtheria, Pertussis and Tetanus vaccinations

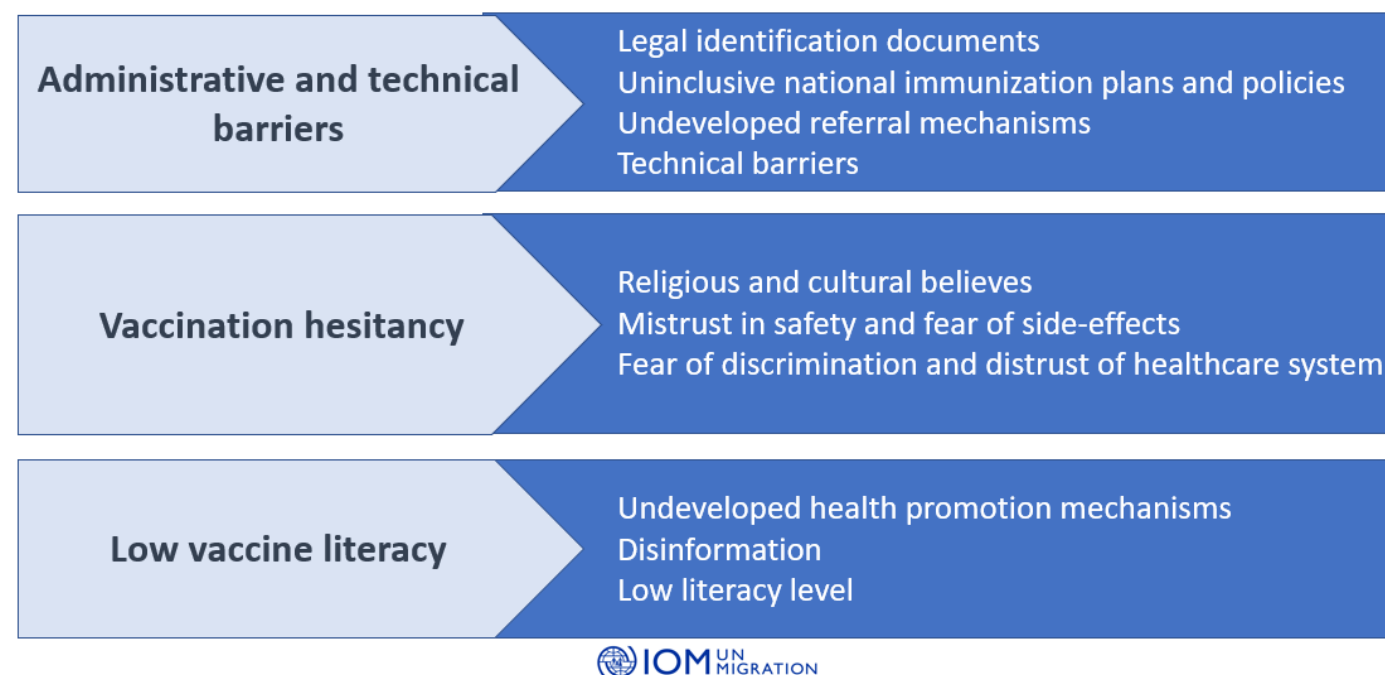
Прививка против дифтерита, коклюша Vaccinations against Diphtheria, Pertussis and Tetanus					
Вакцинація	Возр. Age	Дата Date	Доза Dose	Серія Lot N	Мед. отводи
I	29 V 21.05.20	0,5	523-5	AKR	DTP
II	28 V 21.05.20	0,5	565-7	AKR	
III	12 V 21.05.20	0,5	596-2	AKR	
Revaccination	10 IV 9.02.21	0,5	511-10	AKR	DT
Revaccination	10 V 9.05.21	0,5	534-3	AKR	

7. Щеплення проти поліомієліту Polio vaccinations					
Вік Age	Дата Date	Доза Dose	Серія Lot N	Вік Age	Дата Date
2,5	21.07.20	0,5	AC20B420A		
4	26.12.20	0,5	A20CB556A		
6m5d	27.02.21	0,5	A21CD803A		

7. Щеплення проти поліомієліту Vaccinations against Polio												
Вакцинація				Ревакцинація				Медичні протипоказання (дата, причина)				
Age	Date	Dose	Lot N	Age	Date	Dose	Lot N					
2m2d	24.10.2020	0,5	A21CD 754A									
4m	26.12.20	0,5	A20CB556A									
6m5d	27.02.21	0,5	A21CD803A									

# Key vaccination barriers for the migrant populations



## Administrative and technical barriers

- Migrants lack legal entitlement and often documents to register for the vaccination, there's also fear of providing sensitive information. Undocumented people and migrants with limited leave to remain are often not registered with a Family Doctor (GP) and are therefore somewhat excluded from national vaccination plans.
- Costs associated with the vaccine, both direct and indirect (transportation), are also a major factor for many refugees, as there are often fees and indirect payments required.
- High population movement and undeveloped cross-border policies.
- Often absence of means of communication among this population is another obstacle as many times registrations for the vaccination services are made digitally.
- Undeveloped vaccination referral mechanisms for this population, absence of information about available vaccination points, inconvenient, inaccessible vaccination points. Usually, convenience is a key factor in migrants' decision on whether to get vaccinated or not. The most common concern is ease of access, including having enough understandable information on where and when they must present as well as a preference for familiar settings requiring minimal travel.
- Health providers in some of the countries are somewhat hesitant to provide full-scale catch-up vaccinations and multiple vaccinations at one visit. This is partly due to the legislation in the country regulating catch-up vaccination procedures and partially due to the healthcare workers individual beliefs in "overloading" the immune system, or the interaction between the vaccines etc.

## Vaccination hesitancy

- Religious and cultural believes. Religious reasons underpinning the vaccine hesitancy were identified for many religious groups, including Protestants, Catholics, Jewish, Muslims, Christians, Amish, Hinduist and Sikhist.
- Distrust of vaccines safety and fear of possible side-effects. Perception of low-risk of disease. Also, there are worries about insufficient COVID-19 vaccines testing during clinical trials.
- Distrust of healthcare institutions and health workforce and fear of stigma, discrimination, and impact on visa status. In particular, difficulty understanding the national health system on arrival and poor treatment by staff during registration processes is a main factor affecting trust in healthcare services for asylum seekers and refugees, which impact on vaccine uptake in these groups.

## Low vaccine literacy

- Disinformation and fakes on the Internet and social media. There are fears around theories based on misinformation, often originating from social media or word of mouth, with many refugees describing feeling conflicted about which information sources to trust.
- Low level of literacy among this population.
- Lack of information influencing views on vaccination. Undeveloped health promotion and outreach mechanisms: lack of information about vaccines, irrelevant format of information, etc. Many people do not have access to sufficient understandable information on vaccines, with language barriers often brought up as an issue.

## Resources

1. [Law on preventive vaccinations in Ukraine.](#)
2. [Vaccination calendar in Ukraine.](#)
3. [Poland: Recommended vaccinations.](#)
4. [Vaccination calendar in Poland.](#)
5. [ECDC. Vaccinations to be offered in the absence of documented evidence of prior vaccination.](#)
6. [CDC. Catch-up Immunization Schedule for Children and Adolescents.](#)
7. [WHO recommendations for interrupted and delayed vaccination.](#)
8. [WHO. Strengthening COVID-19 vaccine demand and uptake in refugees and migrants.](#)
9. [English-Russian glossary of key terms on vaccinology and immunization.](#)

## Sources

1. [CDC. Vaccination.](#)
2. [CDC. Pink Book.](#)
3. [CDC. “U.S. Immunization Schedule”](#)
4. [ECDC. Vaccine scheduler.](#)
5. [WHO recommendations for interrupted and delayed vaccination.](#)
6. [WHO. Vaccination schedule for Ukraine](#)
7. [«Immunization card» \(form No. 063/o\) instructions.](#)
8. [GoU. Vaccination.](#)
9. [Vaccinations in Poland for Ukrainians.](#)
10. [Public Health Center of Ukraine.](#)



# Annexes

## Annex 1. European Centre for Disease Prevention and Control catch up vaccinations recommendations

### Vaccinations to be offered in the absence of documented evidence of prior vaccination



Disease		Children and adolescents (<18 years)	Adults (> 18 years)
<b>Priority vaccinations</b>			
COVID-19	▶	Offer primary vaccination course with an mRNA vaccine to eligible children and adolescents according to guidelines in host country (Comirnaty in ≥5 years of age and Spikevax ≥6 years of age are authorised in EU/EEA). Offer a booster dose to adolescents ≥12 years of age according to guidelines in host country (only Comirnaty authorised in EU/EEA).	Offer primary vaccination and booster dose(s) to all adults according to guidelines in the host country. The use of a one-dose primary course vaccine (e.g. Janssen COVID-19 vaccine) may be considered, especially if the administration of a second dose to complete the primary series could be challenging.
Measles mumps rubella	▶	Offer MMR* to individuals ≥9 months of age. Two doses of MMR* should be administered at least one month apart, but preferably longer, in accordance with the guidelines of the host country. Measles vaccine provided before 12 months of age does not induce protection in all and should be repeated after 12 months.	Offer either one dose or in accordance with the guidelines in the host country.*
Diphtheria tetanus pertussis polio Hib	▶	Offer to individuals ≥ 2 months, three doses of DTaP-IPV-Hib (Hib-component only for children <6 years unless other country-specific recommendations) containing vaccines at least one month apart, followed by a booster dose in accordance with the guidelines in the host country. Pentavalent and hexavalent combination vaccines are authorised up to six years of age.	Offer to all adults a primary series of diphtheria, tetanus, and polio vaccines or according to the guidelines in the host country.
<b>To be considered</b>			
Hepatitis B	▶	Offer to individuals ≥2 months, three doses according to the guidelines in the host country.** Offer to new-born infants of HBsAg-positive mothers within 24 hours of birth, according to the guidelines in the host country	Offer to all adults, with or without previous screening, according to the guidelines in the host country.
Meningococcal disease	▶	Apply guidelines of the host country for meningococcal vaccines against serogroups A, B, C, W135 and Y, taking into account the epidemiological situation.	
Pneumococcal disease	▶	Offer to individuals ≥2 months with 1–3 doses of conjugate vaccine at least one month apart, according to the guidelines in the host country.	Offer to individuals ≥ 65 years, according to guidelines of host country.
Varicella*	▶	Guidelines of the host country should be followed, unless the epidemiological situation suggests otherwise. If used, offer two doses of varicella to individuals ≥ 11 months of age, at least one month apart, but preferably longer.	Guidelines of host country should be followed, taking into account the epidemiological situation. Consider vaccinating non-immune non-pregnant women of childbearing age.
Influenza	▶	Guidelines of host country should be followed, unless the epidemiological situation suggests otherwise. Consider vaccinating risk groups aged over six months ahead of and during the influenza season.	Guidelines of the host country should be followed, taking into account the epidemiological situation. Consider vaccinating risk groups, including pregnant women, ahead of and during influenza season.
Tuberculosis	▶	Offer BCG according to the guidelines of the host country. Re-vaccination with BCG is not recommended.	BCG is generally not recommended for adults, depending on the epidemiological situation.

\* MMR and varicella vaccines are contra-indicated in immunocompromised individuals and during pregnancy. Pregnancy should be avoided for one month after MMR vaccination.

\*\* Tests for hepatitis B virus infection (HBsAg) could be carried out before the vaccine is administered, depending on the guidelines in the host country.

**Annex 2. Centers for Disease Control and Prevention catch up vaccinations recommendations for children age 4 months through 6 years**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
<a href="#">Hepatitis B</a>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
<a href="#">Rotavirus</a>	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
<a href="#">Diphtheria, tetanus, and acellular pertussis</a>	6 weeks	4 weeks	4 weeks	6 months	6 months
<a href="#">Haemophilus influenzae type b</a>	6 weeks	<b>No further doses needed</b> if first dose was administered at age 15 months or older. <b>4 weeks</b> if first dose was administered before the 1 <sup>st</sup> birthday. <b>8 weeks (as final dose)</b> if first dose was administered at age 12 through 14 months.	<b>No further doses needed</b> if previous dose was administered at age 15 months or older. <b>4 weeks</b> if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib <sup>®</sup> , Pentacel <sup>®</sup> , Hiberix <sup>®</sup> ), Vaxelis <sup>®</sup> or unknown <b>8 weeks and age 12 through 59 months (as final dose)</b> if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1 <sup>st</sup> birthday, and second dose was administered at younger than 15 months; OR if both doses were PedvaxHIB <sup>®</sup> and were administered before the 1 <sup>st</sup> birthday	<b>8 weeks (as final dose)</b> This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
<a href="#">Pneumococcal conjugate</a>	6 weeks	<b>No further doses needed</b> for healthy children if first dose was administered at age 24 months or older. <b>4 weeks</b> if first dose administered before the 1 <sup>st</sup> birthday. <b>8 weeks (as final dose for healthy children)</b> if first dose was administered at the 1 <sup>st</sup> birthday or after.	<b>No further doses needed</b> for healthy children if previous dose was administered at age 24 months or older. <b>4 weeks</b> if current age is younger than 12 months and previous dose given at <7 months old. <b>8 weeks (as final dose for healthy children)</b> if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months.	<b>8 weeks (as final dose)</b> This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
<a href="#">Inactivated poliovirus</a>	6 weeks	4 weeks	<b>4 weeks</b> if current age is <4 years. <b>6 months</b> (as final dose) if current age is 4 years or older.	<b>6 months</b> (minimum age 4 years for final dose).	
<a href="#">Measles, mumps, rubella</a>	12 months	4 weeks			
<a href="#">Varicella</a>	12 months	3 months			
<a href="#">Hepatitis A</a>	12 months	6 months			
<a href="#">Meningococcal ACWY</a>	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	8 weeks	See <a href="#">notes</a>	See <a href="#">notes</a>	

**Annex 3. Centers for Disease Control and Prevention catch-up vaccinations recommendations for children and adolescents aged 7 through 18 years**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses		
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4
<a href="#">Meningococcal ACWY</a>	Not Applicable (N/A)	8 weeks		
<a href="#">Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis</a>	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. <b>6 months (as final dose)</b> if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday.	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday.
<a href="#">Human papillomavirus</a>	9 years	Routine dosing intervals are recommended.		
<a href="#">Hepatitis A</a>	N/A	6 months		
<a href="#">Hepatitis B</a>	N/A	4 weeks	8 weeks <i>and</i> at least 16 weeks after first dose.	
<a href="#">Inactivated poliovirus</a>	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.
<a href="#">Measles, mumps, rubella</a>	N/A	4 weeks		
<a href="#">Varicella</a>	N/A	3 months if younger than age 13 years.  4 weeks if age 13 years or older.		

Annex 4. Centers for Disease Control and Prevention catch-up vaccinations recommendations for Ages 19 Years or Older.

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
<a href="#">Influenza inactivated (IIV4)</a> or <a href="#">Influenza recombinant (RIV4)</a>	1 dose annually			
<b>or</b> <a href="#">Influenza live attenuated (LAIV4)</a>	<b>or</b> 1 dose annually			
<a href="#">Tetanus, diphtheria, pertussis (Tdap or Td)</a>	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management			
	1 dose Tdap, then Td or Tdap booster every 10 years			
<a href="#">Measles, mumps, rubella (MMR)</a>	1 or 2 doses depending on indication (if born in 1957 or later)			
<a href="#">Varicella (VAR)</a>	2 doses (if born in 1980 or later)		2 doses	
<a href="#">Zoster recombinant (RZV)</a>	2 doses for immunocompromising conditions		2 doses	
<a href="#">Human papillomavirus (HPV)</a>	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
<a href="#">Pneumococcal (PCV15, PCV20, PPSV23)</a>	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
<a href="#">Hepatitis A (HepA)</a>	2 or 3 doses depending on vaccine			
<a href="#">Hepatitis B (HepB)</a>	2, 3, or 4 doses depending on vaccine or condition			
<a href="#">Meningococcal A, C, W, Y (MenACWY)</a>	1 or 2 doses depending on indication for booster recommendations			
<a href="#">Meningococcal B (MenB)</a>	2 or 3 doses depending on vaccine and indication for booster recommendations			
	19 through 23 years			
<a href="#">Haemophilus influenzae type b (Hib)</a>	1 or 3 doses depending on indication			



Annex 5. WHO recommendations for interrupted and delayed vaccination

Recommendations* for Interrupted or Delayed Routine Immunization Summary of WHO Position Papers (Updated November 2021)							
Antigen	Age of 1st Dose	Doses in Primary Series (min interval between doses)**	Interrupted primary series***	Doses for those who start vaccination late		Booster Dose	
				If ≤ 12 months of age	If > 12 months of age		
<b>Recommendations for certain regions</b>							
Japanese Encephalitis 11	Inactivated Vero cell-derived vaccine	6 months	2 (4 weeks) generally	Resume without repeating previous dose	2 doses (generally)	2 doses (generally)	Not recommended
	Live attenuated	8 months	1	NA	1 dose	1 dose	
	Live recombinant vaccine	9 months	1	NA	1 dose	1 dose	
Yellow Fever 12		9-12 months	1 dose with measles containing vaccine	NA	1 dose	1 dose	Not recommended
Tick-Borne Encephalitis 13	FSME-Immun & Encepur	≥ 1 yr	3 doses (1st to 2nd 1-3 mos; 2nd to 3rd 12 mos)	Resume without repeating previous dose	3 doses	3 doses	At least 1 booster
	TBE_Moscow & EnceVir	≥ 3 yr	3 doses (1st to 2nd 1-7 mos; 2nd to 3rd 12 mos)	Resume without repeating previous dose	3 doses	3 doses	Every 3 years
<b>Recommendations for some high-risk populations</b>							
Typhoid 14	TCV-Typbar	>6 months	1 dose	NA	1 dose	1 dose	Every 3 years
	Vi PS	2 years (min)	1 dose	NA	Not recommended	1 dose	
	Ty21a	Capsules 5 years (min) (see footnote)	3-4 doses (1 day) (see footnote)	If interruption between doses is < 21 days resume without repeating previous dose; If > 21 days restart primary series	Not recommended	> 5 yrs: 3-4 doses	
Cholera 15	Dukoral (WC-rBS)	2 years (min)	2-5 yrs: 3 doses	If interval since last dose ≥ 6 weeks restart primary series	Not recommended	2-5 yrs: 3 doses	2-5 yrs: every 6 months. If booster is delayed > 6 months the primary series must be repeated.
	Shanchol, Euvchol and mORCVAX	1 year (min)	≥ 6 yrs: 2 doses (≥ 7 days) 2 doses (2 weeks)	Resume without repeating previous dose	Not recommended	> 6 yrs: 2 doses 2 doses	> 6 yrs: every 2 years. If booster is delayed > 2 yrs the primary series must be repeated. After 2 years
Meningococcal 16	MenA conjugate (5µg)	9-18 months	1	NA	2 doses if < 9 months with 8 week interval	1 dose of 5µg up to 24 months	Not recommended
	MenC conjugate	2-11 months	2 (8 weeks min)	Resume without repeating previous dose	2 doses	1 dose	2-11 months of age after 1 year
		>12 months	1	NA			
	Quadrivalent conjugate	9-23 months	2 (12 weeks min)	Resume without repeating previous dose	2 doses	1 dose	
		≥ 2 years	1	NA			
Hepatitis A 17		1 year (min)	At least 1 dose		Not recommended	At least 1 dose	Not recommended
Rabies 18		As required	2 (1st to 2nd 7 days)	Resume without repeating previous dose;	2 doses	2 doses	Only if occupation puts a frequent or continual risk of exposure, titres should be tested if possible
Dengue (CYD-TDV) 19		9 years (min)	3 doses (6 months)	Resume without repeating dose	Not recommended	3 doses ≥ 9 years	Not recommended
<b>Recommendations for immunization programmes with certain characteristics</b>							
Mumps 20		12-18 months	2 doses with measles containing vaccine (4 weeks)	Resume without repeating previous dose	Not recommended	2 doses	Not recommended
Seasonal influenza (inactivated tri- and quadrivalent) 21		6 months (min)	< 9 yrs: 2 doses (4 weeks) ≥ 9 yrs: 1 dose	Resume without repeating previous dose	2 doses	< 9 yrs: 2 doses ≥ 9 yrs: 1 dose	Revaccinate annually 1 dose only
Varicella 22		12-18 months	1-2 (4 weeks – 3 months, depending on manufacturer)	Resume without repeating previous dose	Not recommended	1-2 doses	

Recommendations* for Interrupted or Delayed Routine Immunization Summary of WHO Position Papers (Updated November 2021)							
Antigen	Age of 1st Dose	Doses in Primary Series (min interval between doses)**	Interrupted primary series***	Doses for those who start vaccination late		Booster Dose	
				If ≤ 12 months of age	If > 12 months of age		
<b>Recommendations for certain regions</b>							
Japanese Encephalitis 11	Inactivated Vero cell-derived vaccine	6 months	2 (4 weeks) generally	Resume without repeating previous dose	2 doses (generally)	2 doses (generally)	Not recommended
	Live attenuated	8 months	1	NA	1 dose	1 dose	
	Live recombinant vaccine	9 months	1	NA	1 dose	1 dose	
Yellow Fever 12		9-12 months	1 dose with measles containing vaccine	NA	1 dose	1 dose	Not recommended
Tick-Borne Encephalitis 13	FSME-Immun & Encepur	≥ 1 yr	3 doses (1st to 2nd 1-3 mos; 2nd to 3rd 12 mos)	Resume without repeating previous dose	3 doses	3 doses	At least 1 booster
	TBE_Moscow & EnceVir	≥ 3 yr	3 doses (1st to 2nd 1-7 mos; 2nd to 3rd 12 mos)	Resume without repeating previous dose	3 doses	3 doses	Every 3 years
<b>Recommendations for some high-risk populations</b>							
Typhoid 14	TCV-Typbar	>6 months	1 dose	NA	1 dose	1 dose	Every 3 years
	Vi PS	2 years (min)	1 dose	NA	Not recommended	1 dose	
	Ty21a	Capsules 5 years (min) (see footnote)	3-4 doses (1 day) (see footnote)	If interruption between doses is < 21 days resume without repeating previous dose; If > 21 days restart primary series	Not recommended	> 5 yrs: 3-4 doses	
Cholera 15	Dukoral (WC-rBS)	2 years (min)	2-5 yrs: 3 doses	If interval since last dose ≥ 6 weeks restart primary series	Not recommended	2-5 yrs: 3 doses	2-5 yrs: every 6 months. If booster is delayed > 6 months the primary series must be repeated.
	Shanchol, Euvchol and mORCVAX	1 year (min)	≥ 6 yrs: 2 doses (≥ 7 days) 2 doses (2 weeks)	Resume without repeating previous dose	Not recommended	> 6 yrs: 2 doses 2 doses	> 6 yrs: every 2 years. If booster is delayed > 2 yrs the primary series must be repeated. After 2 years
Meningococcal 16	MenA conjugate (5µg)	9-18 months	1	NA	2 doses if < 9 months with 8 week interval	1 dose of 5µg up to 24 months	Not recommended
	MenC conjugate	2-11 months	2 (8 weeks min)	Resume without repeating previous dose	2 doses	1 dose	2-11 months of age after 1 year
		>12 months	1	NA			
	Quadrivalent conjugate	9-23 months	2 (12 weeks min)	Resume without repeating previous dose	2 doses	1 dose	
		≥ 2 years	1	NA			
Hepatitis A 17		1 year (min)	At least 1 dose		Not recommended	At least 1 dose	Not recommended
Rabies 18		As required	2 (1st to 2nd 7 days)	Resume without repeating previous dose;	2 doses	2 doses	Only if occupation puts a frequent or continual risk of exposure, titres should be tested if possible
Dengue (CYD-TDV) 19		9 years (min)	3 doses (6 months)	Resume without repeating dose	Not recommended	3 doses ≥ 9 years	Not recommended
<b>Recommendations for immunization programmes with certain characteristics</b>							
Mumps 20		12-18 months	2 doses with measles containing vaccine (4 weeks)	Resume without repeating previous dose	Not recommended	2 doses	Not recommended
Seasonal influenza (inactivated tri- and quadrivalent) 21		6 months (min)	< 9 yrs: 2 doses (4 weeks) ≥ 9 yrs: 1 dose	Resume without repeating previous dose	2 doses	< 9 yrs: 2 doses ≥ 9 yrs: 1 dose	Revaccinate annually 1 dose only
Varicella 22		12-18 months	1-2 (4 weeks – 3 months, depending on manufacturer)	Resume without repeating previous dose	Not recommended	1-2 doses	