Ref : ISB/CR/17/19

Date: 09/4/2019

CIRCULAR- 17

Tdap vaccinations for Class VIII

Dear Parent

Please be informed that as per the directive received from the Ministry of Health, all the students of Class VIII should receive the Tdap Booster vaccination. The students those who have received the vaccination, or have any medical issue to receive the vaccination should attach the documents along with the Consent Form.

It is compulsory for all the students to return the duly filled consent form (attached) to the Class Teachers on or before 16.04.2019.

With regards,

V R Palaniswamy
Principal

THE INDIAN SCHOOL KINGDOM OF BAHRAIN

ACKNOWLEDGEMENT

Tdap vaccinations for Class VIII

I acknowledge the receipt of Circular No. 17 dated 09/04/2019 sent through my ward _____ G R No._____ of Class / Section _____.

Name of Parent: _____ Signature _____

Date: _____

THE INDIAN SCHOOL KINGDOM OF BAHRAIN

KINGDOM OF BAHRAIN

Ministry of Health

مَمْلَكَةُ البَحْرَيْن

وَزَارَةُ الصِّحَّة

THE INDIAN SCHOOL * KINGDOM OF BAHRAIN

Recommended Immunization Schedule in the Kingdom of Bahrain

AGE	VACCINE	DOSE
CHILDREN		
At birth	BCG for newborns born to parents originally from endemic countries	Single Dose
	Hepatitis B for newborns	Birth Dose
2 months	Diphtheria, Pertussis, Tetanus (DaPT), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio (as Hexavalent)	1st Dose
	Pneumococcal Conjugate (PCV)	1st Dose
	Rota vaccine (oral)	1st Dose
4 months	Diphtheria, Pertussis, Tetanus (DaPT), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio (as Hexavalent)	2nd Dose
	Oral Polio Vaccine (OPV)	2nd Dose
	Pneumococcal Conjugate (PCV)	2nd Dose
	Rota vaccine (oral)	2nd Dose
6 months	DPT, Hepatitis B, Hib (as Pentavalent)	3rd Dose
	Oral Polio Vaccine (OPV)	3rd Dose
12 months	Measles, Mumps, Rubella (MMR)	1st Dose
	Varicella	1st Dose
15 months	Pneumococcal Conjugate (PCV)	Booster
	Hepatitis A	1st Dose
18 months	Measles, Mumps, Rubella (MMR)	2nd Dose
	Tetravalent (DPT, Hib) or Pentavalent according to availability.	1st Booster
	Oral Polio Vaccine (OPV)	1st Booster
2 years	Meningococcal Conjugate (ACYW)	Single Dose
	Hepatitis A	2nd Dose
3 years	Varicella	2nd Dose
4-5 years	Diphtheria, Tetanus, Pertussis, Inactivated Polio (DTaP-IPV)	2nd Booster
	Oral Polio Vaccine (OPV)	2nd Booster
	Measles, Mumps, Rubella (MMR) if no document of 2 valid doses of MMR vaccination previously.	Catch up dose (if not completed)
ADOLESCENTS		
13 years	Tetanus, Diphtheria, acellular Pertussis (Tdap)	Booster
FOR PREVIOUSLY UNIMMUNISED WOMEN AT REPRODUCTIVE AGE GROUP		
Tetanus diphtheria (Td)	At first contact	Td1
	At least 4 weeks after Td1	Td2
	At least 6 months after Td2	Td3
	1 year after Td3	Td 1st booster
	1 year after Td 1st booster	Td 2nd booster
ADULT, ELDERLY AND HIGH RISK GROUPS		
Pneumococcal Conjugate (PCV)	Single dose for adolescent, adult and elderly from high risk groups. Single dose for adults ≥ 50 years and elderly.	
Pneumococcal Polysaccharide (PPSV23)	Single dose for ≥ 65 years and for high risk groups ≥ 2-64 years. Revaccination dose after 5 years is recommended for certain risk groups including (Sickle cell disease/other hemaglobinopathies, congenital or acquired asplenia, congenital or acquired immuno-deficiencies, chronic renal failure, nephrotic syndrome, malignancy, leukemia, lymphoma, iatrogenic immunosuppression, solid organ transplant).	
Tdap	Single dose might be given to those at risk of infection.	
Seasonal Influenza	Annually for each season from age of ≥ 6 months. It is recommended to certain risk categories (children≥ ≤ 5 years, adults/elderly ≥ 50 years and certain chronic medical conditions such as: chronic pulmonary diseases, chronic cardiovascular diseases, chronic renal diseases, chronic hepatic diseases, chronic hematological conditions, chronic metabolic disorders including diabetes mellitus, chronic neurologic and neurodevelopment conditions, Immune-suppressed individuals by medications or by disease condition, pregnant women, health care workers and other categories at risk to be determined by treating physician).	
Varicella (Chickenpox)	For certain risk groups without documented infection or vaccination. Two doses, 3 months apart from 1 -12 years of age and as 2 doses 4 weeks apart for ≥ 13 years of age.	
Meningococcal conjugate ACWY	Single dose to certain risk groups and travelers to Holly places, meningitis belt countries and countries reporting outbreak. Booster doses every 5 years is given for certain categories remain at risk of infection such as: functional or anatomical asplenia (including sickle cell disease), persistent complement component deficiency and people with HIV infection.	
Haemophilus Influenza Type B (Hib)	Single dose for >5 years of age having any of the following conditions: sickle cell disease, anatomical and/or surgical asplenia, post bone marrow transplant and certain cancer after completion of treatment.	
HAJIIs		
Meningococcal conjugate (ACWY)		Single dose
Seasonal Influenza		Annually for each season
OTHER VACCINES		
Travelers (according to travel destination)	Yellow Fever	Single dose
	Typhoid	Single dose (typhoid polysaccharide is repeated after 3 years if indicated)
	Hepatitis A	2 doses (if not vaccinated previously)
	Meningococcal conjugate ACWY	Single dose for traveler to certain countries
	OPV/IPV	Booster dose for traveler to Polio endemic/ Polio reporting countries
Post exposure prophylaxis (depend on exposure and risk category)	Rabies	4 doses plus RIG (single)
Contacts	Hepatitis B	3 doses
	Hepatitis A	2 doses
Immune-compromised & their household contacts	Inactivated Polio(killed polio)	4-5 doses

*** Other vaccines for high risk/ special groups determined by risk category and according to assessment of treating physician.**

Prepared by: EPI Group

Design by: Ali AlMawali

For information about vaccines, kindly contact Immunization Group at Disease Control Section in the Public Health Directorate on hotline: 38847484
OR tel: 17288888/ Ext: 2296 /2145 /2141 - Fax: 17279268 OR 17282290

Kingdom of Bahrain
Ministry of Health
Public Health Directorate

VACCINATION CONSENT FORM

Dear parent of student: _____

CPR:_____ **Class: G 8/**_____

According to the immunization schedule in kingdom of Bahrain, Tdap (A booster dose) is scheduled to be given to students at the 2nd intermediate class. Accordingly, a team of school health nurses from Ministry of Health will conduct a vaccination session that include administration of the vaccine to 13 years old child.

- Tetanus, diphtheria acellular pertussis vaccine (Tdap booster dose).

Your consent of agreement is kindly requested.

Thanking you for your cooperation.

☐ Consent

☐ Do not consent (give reason) _____ .

☐ My child received the vaccine at the private clinic on ____/_____/_____.

Note: Attach prove document of vaccination.

Date: ___/___/_____ **Name of Parent:** _____

Signature of parent: _____

THE INDIAN SCHOOL KINGDOM OF BAHRAIN