Changes in the Immunization Schedule Recommended by the Japan Pediatric Society, May 19, 2025

- Special measures for MR vaccine recipients in the first and second periods (April 2025 - March 2027) for the fiscal year 2024 are described.
- Transitional measures for HPV catch-up vaccination (April 2025 - March 2026) are described.
- The direction and dosage of DAICHIRONA® intramuscular injection (5-11 years) was added to the list of COVID-19 vaccines available in Japan.

Vaccination Schedule Recommended by the Japan Pediatric Society　May 19, 2025　Japan Pediatric Society

Vaccine		Type	Infant										Early Childhood							School Age				
			Birth	6w	2m	3m	4m	5m	6m	7m	8m	9-11m	12-15m	16-17m	18-23m	2y	3y	4y	5y	6y	7y	8y	9y	≥10y
Hepatitis B virus (HBV)	Universal	Inactivated			①	②				③			(Footnote 1)										
	Mother-to-child Transmission		①	②					③															
Rotavirus	Mono-valent	Live			①	②	(Footnote 2)																	
	Penta-valent				①	②	③	(Footnote 3)																
Pneumococcal (PCV15, PCV20)		Inactivated			①	②	③						④						(Footnote 4)					
DPT-IPV-Hib		Inactivated			①	②	③						④				<7.5 yrs			available <15 yrs				
Diphtheria, Pertussis, Tetanus (DPT)		Inactivated																	① (Footnote 5)				②11-12yrs (Footnote 6)	
Diphtheria, Tetanus (DT)		Inactivated																					① 11yrs	12yrs
Inactivated polio virus (IPV)		Inactivated																	① (Footnote 7)					
Haemophilus influenzae type b *If Hib® is used as first vaccination		Inactivated			①	②	③							④					(Footnote 8)					
Diphtheria, Pertussis, Tetanus, Polio (DPT-IPV)		Inactivated			①	②	③							④			<7.5 yrs			available <15 yrs				
BCG		Live						①																
Measles, Rubella (MR)		Live											① (Footnote 10)						② (Footnote 9, 10)					
Varicella		Live											①		②				(Footnote 11)					
Mumps		Live											①						② (Footnote 12)					
Japanese Encephalitis		Inactivated							available from 6mos							① ②	③	<7.5 yrs			④9-12yrs			
Influenza, Inatcvated		Inactivated							available from 6mos					Annually (October, November, etc.) ①②									① ≥13yrs	
Influenza, Live attenuated intranasal		Live														2 yrs -<19 yrs annually (in October, November, etc.) ① intranasal								
COVID-19		mRNA							Eligible age range varies by COVID-19 vaccine products															
		Inactivated																						
Human papilloma virus (HPV)	9-valent	Inactivated																			(Footnote 13)	Gr.6	Junior High Gr.1 ①② (footnote 14)	Junior High Gr.2 – High School Gr.1 (Footnote 15)
	2, 4-valent	Inactivated																			(Footnote 13)	Gr.6	Junior High Gr.1 ①②③ (footnote 14)	Junior High Gr. 2 – High School Gr.1 (Footnote 15)
Vaccine		Type	Birth	6w	2m	3m	4m	5m	6m	7m	8m	9-11m	12-15m	16-17m	18-23m	2y	3y	4y	5y	6y	7y	8y	9y	≥10y

Recommended age range for routine vaccination

Period possible for routine vaccination

Recommended age range for voluntary vaccination

Period possible for voluntary vaccination

Not stated in package insert but recommended by the Japan Pediatric Society

Period for the national health insurance coverage

Vaccination Schedule Recommended by the Japan Pediatric Society May 19, 2025

Standard Period, Perspective of the Japan Pediatric Society, Precautions

Routine Vaccination | Voluntary Vaccination | By Health Insurance

Vaccine	Type	Standard Age of Vaccination and Period	Perspective of the Japan Pediatrics Society	Precautions
Hepatitis B Virus (HBV) Universal Vaccine	Inactivated	① 2 mos ② 3 mos ③ 7-8 mos ≥27 days (4 wks) interval between ①-② ≥139 days (20 wks) interval between ①-③	If there is a hepatitis B virus carrier in the family other than the mother, early vaccination is recommended instead of waiting until the child is 2 mos old.	・(Footnote 1) For vaccination to prevent horizontal transmission in children who were not vaccinated in infancy,vaccination intervals are the same as for universal vaccines.
Hepatitis B Virus (HBV) Vaccines for Prevention of Mother to Child Transmission	Inactivated	① At birth ② 1 mo ③ 6 mos		If a mother is positive for HBs antigen, ・The child receives vaccine and HB immunoglobulin simultaneously at birth. ・Vaccine fee is covered by the national health insurance (Excluded from routine vaccination coverage). ・See in details at “New strategies for the prevention of mother to child transmission of HBV (in Japanese)" on the website of the Japan Pediatric Society. http://www.jpeds.or.jp/modules/activity/index.php?content_id=141
Rotavirus	Live	①Recommended between 8 wks and under 15 wks (Vaccination possible from 6 wks after birth). ・RV1 vaccine (Rotarix®): For①-②, a total of 2 doses with an interval of ≥4 wks. ・RV5 vaccine (RotaTeq®): For ①-②-③, a total of 3 doses with ≥4 wks between doses.	As a general rule, we do not recommend the first dose of vaccination after 15 wks of age because of the increase in risk of intussusception within 7 days of first vaccination.	・(footnote 2) Total 2 doses, ② to be completed within 24th wks of age. ・(footnote 3) Total 3 doses, ③ to be completed within 32nd wks of age. ・Priority is given to completing the series with the same vaccine, because interchangeability of RV1 and RV5 has not been confirmed yet. ・Re-vaccineation after vomiting the vaccine is not apporoved as routine vaccination. Please refer to the "Q&A for Rotavirus Vaccine" published by the Japan Association of Vaccine Industries for more details (in Japanese) . https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/index_00001.html ・See “Guideline for Vaccination of the Immunocompromised Host 2024 (in Japanese)” for details on rotavirus vaccinations in children whose mother received treatment with biological products during pregnancy.
Pneumococcal, Conjugate (PCV)	Inactivated	≥27 days (4 wks) interval between ①-②-③ ≥60 days (2 mos) interval between ③-④ and administered when the child is 1 yr - 1 yr 3 mos	Refer to "Considerations for the routine vaccination of PCV in children (in Japanese)". https://www.jpeds.or.jp/uploads/files/20241029_haienq.pdf	・If first dose administered between 7 mos-11 mos: ③ can be administered after an interval of ≥60 days following ② and after 1 yr of age. ・If first dose administered between 1 yr-23 mos: ≥60 days interval between ①-② If the first dose administered between 2 yrs and 4 yrs: only ① ・(Footnote 4) Regarding the schedule of voluntary vaccinations, please refer to the “Vaccination of Children (under 15 yrs) with Voluntary Vaccines (in Japanese)" on the website of the Japan Pediatric Society http://www.jpeds.or.jp/modules/activity/index.php?content_id=316

Vaccination Schedule Recommended by the Japan Pediatric Society　May 19, 2025

Standard Period, Perspective of the Japan Pediatric Society, Precautions

Routine Vaccination　Voluntary Vaccination　By Health Insurance

Vaccine	Type	Standard Age of Vaccination and Period	Perspective of the Japan Pediatrics Society	Precautions
DPT-IPV-Hib	Inactivated	Intervals for ①-② and ②-③ are 20-56 days (3-8 wks) For ③-④, ≥6 mos interval is necessary (generally, ④ is given by 18 mos after ③)	④ is recommended to be vaccinated as early as possible, at least 6 mos after ③ and beyond the age of 1 yr	DPT-IPV-Hib vaccine is limited to four doses and cannot be used as a booster dose before elementary school
Diphtheria, Pertussis, Tetanus (DPT)	Inactivated	Intervals for ①-② and ②-③ are 20-56 days (3-8 wks) For ③-④, ≥6 mos interval is necessary (generally, ④ is given by 12-18 mos after ③)	④ is recommended to be vaccinated as early as possible, at least 6 mos after ③ and beyond the age of 1 yr	
Diphtheria, Pertussis, Tetanus (DPT) **(For the prevention pertussis after entering elementary school)**	Inactivated	⑤ ≥5 yrs, <7 yrs, ≥6 mos between ④-⑤ ⑥ 11-12 yrs	(Footnote 5) Because of the decline in pertussis antibody titers in children around 10 yrs old, it is recommended that the DPT vaccine given as a booster dose at preschool when four doses of DPT, DPT-IPV, or DPT-IPV-Hib vaccine have been administered. (Footnote 6) It is possible to use DPT vaccine instead of DT vaccine to prevent pertussis.	0.5 mL per dose
Diphtheria, Tetanus (DT)	Inactivated	①: At 11 yrs until reaching 12 yrs		・According to the Immunization Law, ≥11 yrs, <13 yrs.
Inactivated poliovirus (IPV)	Inactivated	Intervals for ①-② and ②-③ are 20-56 days (3-8 wks) For ③-④, ≥ 6 mos interval is necessary (generally, ④ is given 12-18 mos after ③)	④ is recommended to be vaccinated as early as possible, at least 6 mos after ③ and beyond the age of 1 yr	
Inactivated poliovaccine (IPV) **(For the prevention polio after entering elementary school)**	Inactivated	⑤ ≥5 yrs, <7 yrs	(Footnote 7) is recommended as a booster dose of inactivated polio vaccine at entering elementary school, before antibody titer against polio decreases	0.5 mL per dose
***Haemophilus influenzae* type b (Hib)**	Inactivated	27-56 days (4-8 wks) interval between ①-②-③ 7-13 mos interval between ③-④	④ should be given ≥7 mos after ③, and as soon as possible after the age of 1 yr.	・If the first dose is administered between 7 mos and 11 mos:≥27 (20) days interval between ①-②, and the typical interval between ①-② is 27-56 days (4-8 wks). ≥7 mos interval between ②-③, and the typical interval between ②-③ is 7-13 mos. ・If the first dose is administered between 1 yr and 4 yrs: only ① (Footnote 8) Vaccine can be administered for children ≥5 yrs if they have ~~a~~ risk factor~~s~~.
Diphtheria, Pertussis, Tetanus, Polio (DPT-IPV)	Inactivated	Intervals for ①-② and ②-③ are 20-56 days (3-8wks) For ③-④, ≥6 mos interval is necessary (generally, ④ is given 12-18 mos after ③)		Maximum of four doses is approved for DPT-IPV. Therefore, for booster doses more than 4th doses, DPT and IPV should be used.

Vaccination Schedule Recommended by the Japan Pediatric Society　May 19, 2025

Standard Period, Perspective of the Japan Pediatric Society, Precautions

Routine Vaccination　Voluntary Vaccination　By Health Insurance

Vaccine	Type	Standard Age of Vaccination and Period	Perspective of the Japan Pediatrics Society	Precautions
BCG	Live	Administered under 12 mos of age, generally administered during the period from 5 mos to <8 mos.	Early vaccination required in areas where incidence of tuberculosis is high.	
Measles, Rubella (MR)	Live	①: 1 yr - <2 yrs ②: ≥5 yrs - <7 yrs (footnote 9) 1 year before entering elementary school		・Vaccination possible ≥6mos for post-exposure prophylaxis; however, the vaccine is not counted, regular ① and ② need to be vaccinated. (footnote 10) There was a period in 2024 when there was a shortage of measles and rubella vaccines, and some children were unable to receive the vaccine（the 1st period: children born between April 2, 2022 and April 1, 2023, the 2nd period: children born between April 2, 2018 and April 1, 2019）. These people will be able to receive the MR vaccine as a routine vaccination without cost for two years, from April 1, 2025 to March 31, 2027.(for details, refer to the administrarive communication of the Ministry of Health, Labour and Welfare (in Japanese)) https://www.mhlw.go.jp/content/10900000/001440529.pdf
Varicella	Live	①: 12-15 mos ②: 6-12 mos after ①	（Footnote 11）It is necessary to provide 2 doses of varicella vaccine for children who are not suffered from varicella and unvaccinated.	・①-②: Leave an interval of ≥3 mos as a routine vaccination. ・①-②: Leave an interval of ≥3 mos if ≥3 yrs - <13 yrs　(voluntary vaccination) ・①-②: Leave an interval of ≥4 wks if ≥13 yrs　(voluntary vaccination)
Mumps	Live	①: ≥1 yr ② : ≥5 yrs - <7 yrs	(Footnote 12) To ensure vaccine efficacy, 2 doses are necessary. ①: early vaccination at 1 yr of age ②: simultaneous administration with the 2nd dose of MR (≥5 yrs - <7 yrs, 1 year before entering elementary school is recommended).	
Japanese Encephalitis	Inactivated	①, ②: 3 yrs, leave a 6-28 days (1-4 wks) interval between ①-② ③: 4 yrs, leave a year after ② ④: 9 yrs	JE vaccine is recommended from 6 mos of age in children who will travel or stay in the endemic area of JE, or live in the area where high prevalence of JE antibody in pigs. “Recommendation for JE vaccine from 6 mos of age in children with high risks for JE（in Japanese)" . http://www.jpeds.or.jp/modules/activity/index.php?content_id=207	・A dose per vaccination: 6 mos- <3 yrs: 0.25 mL; ≥3 yrs: 0.5 mL ・For general routine vaccinations, first set administered from 6 mos to under 90 mos (7.5 yrs), and second set at age 9 to under 13 yrs. ・Interval of ≥6 days between ①-②, ≥6 mos between ② and ③. ・For children who were born from April 2, 1995 to April 1, 2007, it is possible to receive vaccine as a routine vaccine if they did not receive 1st stage (①, ②, ③) during 6 mos-<90 mos (7 yr 6 mos) or 9 yrs to <13 yrs. ・Due to the assertive recommendation to refrain from administration in May 2005, a detailed schedule for those who were born between April 2, 1995 and October 1, 2007（in Japanese）. https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/kenkou/kekkaku-kansenshou/yobou-sesshu/vaccine/japanese-encephalitis/index.html

Vaccination Schedule Recommended by the Japan Pediatric Society　May 19, 2025

Standard Period, Perspective of the Japan Pediatric Society, Precautions

Routine Vaccination　Voluntary Vaccination　By Health Insurance

Vaccine	Type	Standard Age of Vaccination and Period	Perspective of the Japan Pediatrics Society	Precautions
Influenza, Inactivated	Inactivated	Leave an interval of 4 wks between ① and② (2-4 wks)		・<13 yrs: 2 doses, ≥13 yrs: 1 or 2 doses (basically 1 dose). ・Single dose: 6 mos - <3 yrs: 0.25 mL; ≥3 yrs: 0.5 mL.
Influenza, Intranasal live attenuated	Live	2 yrs -<19 yrs, ① in each influenza season	Live attenuated Influenza vaccine is equally recommended as inactivated Influenza vaccine, except for individuals such as those with asthma, immunocompromised condition. Please refer to "Considerations for the use of intranasal live attenuated influenza vaccine" for details. https://www.jpeds.or.jp/modules/activity/index.php?content_id=607	0.2 mL per dose, intranasally sprayed, 1 dose in every influenza season. (Spray of 0.1 mL in each nostril, a total of two sprays) There is no description to limit the interval between live attenuated influenza vaccine and other vaccine administrations in the vaccine package inserts.
COVID-19	mRNA Inactivated	Vaccination according to the schedule for specified for each formulation.		Refer to "List of COVID-19 vaccines available in Japan" and each vaccine package inserts.
Human Papilloma Virus（HPV）	Inactivated	Junior high school Grade 1 ・HPV9 vaccine (SILGARD®9): ① received < 15 yrs, 2 doses recommended, generally leave 6 mos to 12 mos between ①-②. However, if it is not possible to leave this interval, the second dose can be administered if there is an interval of at least 5 mos between ①-②.	If HPV2 or HPV4 was used for the initial vaccination, the same vaccine should be used as a booster. However, HPV9 can also be used as a booster. Male ≥9 yrs can receive 3 doses of HPV4 as a voluntary vaccine.	・Vaccine given as intramuscular injection (upper arm, deltoid area) . ・By the Immunization Law, 12-16 yrs (elementary school grade 6 to high school year 1) female. ・(Footnote 13) HPV2 vaccine can be administered from ≥10 yrs, and HPV4 and 9 vaccine can be administered from ≥9 yrs. ・(Footnote 14) Vaccination is possible as routine vaccination with the interval below if not administered in the regular schedule (Note the difference in the interval required for routine vaccination between the 3 vaccines). ・HPV9 vaccines (start from ≥15 yrs): ≥1 mo between ①-②, and ≥3 mos between ②-③. ・HPV2 vaccine: ≥1 mo between ①-②; ≥5 mos between ①-③ and ≥2.5 mos between ②-③. ・HPV4 vaccines: ≥1 mo between ①-②, and ≥3 mos between ②-③. (Footnote 15) If women who were born between 1997 and 2008 (Japanese academic year) and those who received at least one dose of HPV vaccine between April 1, 2022 and March 31, 2025 can receive the second and third doses of vaccine until March 31, 2026 at public expense if they wish to receive. For details, please refer to the webseite of the Ministry of Health, Labor and Welfare. https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou/hpv_catch-up-vaccination.html

Immunization Check List

Name : Date of Birth : / /

Routine vaccine Voluntary vaccine

Vaccines	Type	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
Hepatitis B (HBV)	Inactivated	☐ (/ /)	☐ (/ /)	☐ (/ /)			
Rotavirus	Live	☐ (/ /)	☐ (/ /) Dose 2 final for RV1 (Rotarix®)	☐ (/ /) Dose 3 final for RV5 (RotaTeq®)			
Pneumococcal conjugate (PCV15,PCV20)	Inactivated	☐ (/ /)	☐ (/ /)	☐ (/ /)	☐ (/ /)	☐ (/ /) Refer to Footnote 4	
DPT-IPV-Hib or DPT-IPV or DPT+IPV	Inactivated	☐ (/ /)	☐ (/ /)	☐ (/ /)	☐ (/ /)		
Diphtheria, Pertussis, Tetanus (DPT) (post school age prevention for pertussis)	Inactivated					☐ (/ /)	☐ (/ /)
Diphtheria, Tetanus (DT)	Inactivated					☐ (/ /)	
Polio (post school age prevention for polio)	Inactivated					☐ (/ /)	
Haemophilus influenzae type b (Hib)	Inactivated	☐ (/ /)	☐ (/ /)	☐ (/ /)	☐ (/ /)		
BCG	Live	☐ (/ /)					
Measles, Rubella (MR)	Live	☐ (/ /)	☐ (/ /)				
Varicella	Live	☐ (/ /)	☐ (/ /)				
Mumps	Live	☐ (/ /)	☐ (/ /)				
Japanese encephalitis	Inactivated	☐ (/ /)	☐ (/ /)	☐ (/ /)	☐ (/ /)		
Influenza	Inactivated or Live	(Annual vaccination is recommended, please refer to the Influenza Vaccination checklist)					
COVID-19	mRNA or Inactivated	(Annual vaccination is recommended, please refer to the COVID-19 Vaccination checklist)					
Human papillomavirus (HPV)	Inactivated	☐ (/ /)	☐ (/ /) Two doses are the maximum for those who started the 9-valent vaccine (Silgard®9) under the age of 15.	☐ (/ /) The 2-valent vaccine (Cervarix®) and 4-valent vaccine (Gardasil®) require three doses. The 9-valent vaccine (Silgard®9) also requires three doses if started at age 15 or older.			

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COVID-19 Vaccination Checklist

Number of doses differs by COVID-19 vaccine products and the purpose of vaccination.

Name :

Date of Birth : / /

Age				
6-11 mos	Product name Date	□ (/ /)	□ (/ /)	□ (/ /)
1 yr	Product name Date	□ (/ /)	□ (/ /)	□ (/ /)
2 yrs	Product name Date	□ (/ /)	□ (/ /)	□ (/ /)
3 yrs	Product name Date	□ (/ /)	□ (/ /)	□ (/ /)
4 yrs	Product name Date	□ (/ /)	□ (/ /)	□ (/ /)
5 yrs	Product name Date	□ (/ /)	□ (/ /)	
6 yrs	Product name Date	□ (/ /)	□ (/ /)	
7 yrs	Product name Date	□ (/ /)	□ (/ /)	

Age			
8 yrs	Product name Date	□ (/ /)	□ (/ /)
9 yrs	Product name Date	□ (/ /)	□ (/ /)
10 yrs	Product name Date	□ (/ /)	□ (/ /)
11 yrs	Product name Date	□ (/ /)	□ (/ /)
12 yrs	Product name Date	□ (/ /)	□ (/ /)
13 yrs	Product name Date	□ (/ /)	□ (/ /)
14 yrs	Product name Date	□ (/ /)	□ (/ /)
15 yrs	Product name Date	□ (/ /)	□ (/ /)

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Influenza Vaccination Checklist

Name : _____ Date of Birth : / /

Age	Dose 1	Dose 2	年齢	Dose 1	Dose 2
6-11 mos	☐ Inactivated (/ /)	☐ Inactivated (/ /)	8 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)
1 yr	☐ Inactivated (/ /)	☐ Inactivated (/ /)	9 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)
2 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)	10 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)
3 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)	11 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)
4 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)	12 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)
5 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)	13 yrs	☐ Inactivated ☐ Live (/ /)	
6 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)	14 yrs	☐ Inactivated ☐ Live (/ /)	
7 yrs	☐ Inactivated ☐ Live (/ /)	☐ Inactivated (/ /)	15 yrs	☐ Inactivated ☐ Live (/ /)	

Live attenuated influenza vaccine is administered as a single dose each influenza season.

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List of COVID-19 vaccines available in Japan　(as of May 2025)

Manufacturer	Trade Name	Vaccine Antigen (Variants)	Modality	Approved Ages	Dosage	Administration Route	Doses and Intervals between doses
Pfizer Japan Inc.	COMIRNATY for 6 mos to 4 yrs	SARS-CoV-2 Omicron variant JN.1 lineage	mRNA	6 mos - 4 yrs	0.3 mL per dose	Intramuscular	Initial series (no prior SARS-CoV-2 vaccine) : 3 doses (Dose 1 and Dose 2, 3 weeks apart, Dose 3 at least 8 weeks after Dose 2). Booster (any prior SARS-CoV-2 vaccine) : 1 dose at least 3 months after the last SARS-CoV-2 vaccine.
	COMIRNATY for 5 to 11 yrs		mRNA	5 - 11 yrs	0.3 mL per dose	Intramuscular	Booster: 1 dose at least 3 months after the last SARS-CoV-2 vaccine. If no prior SARS-CoV-2 vaccine, administer 2 doses approximately 4 weeks apart.
	COMIRNATY for 12 yrs and older		mRNA	12 yrs and older	0.3 mL per dose	Intramuscular	Booster: 1 dose at least 3 months after the last SARS-CoV-2 vaccine. If no prior SARS-CoV-2 vaccine, administer 2 doses approximately 4 weeks apart.
Moderna Japan Co. Ltd	SPIKEVAX		mRNA	6 mos - 4 yrs	0.25 mL per dose	Intramuscular	For person with no prior SARS-CoV-2 vaccine: 2 doses typically 4 weeks apart as initial series.
				5 - 11 yrs	0.25 mL per dose	Intramuscular	Booster: 1 dose at least 3 months after the last SARS-CoV-2 vaccine. If no prior SARS-CoV-2 vaccine, administer 2 doses approximately 4 weeks apart.
				12 yrs and older	0.5 mL per dose	Intramuscular	Booster: 1 dose at least 3 months after the last SARS-CoV-2 vaccine. If no prior SARS-CoV-2 vaccine, administer 2 doses approximately 4 weeks apart.
Daiichi Sankyo Co., Ltd.	DAICHIRONA		mRNA	5 - 10 yrs	0.2 mL per dose	Intramuscular	Booster: 1 dose at least 3 months after the last SARS-CoV-2 vaccine. If no prior SARS-CoV-2 vaccine, administer 2 doses approximately 4 weeks apart.
			mRNA	12 yrs and older	0.6 mL per dose	Intramuscular	Booster: 1 dose at least 3 months after the last SARS-CoV-2 vaccine. If no prior SARS-CoV-2 vaccine, administer 2 doses approximately 4 weeks apart.
Takeda Pharmaceutical Co., Ltd.	NUVAXOVID		Recombinant protein	6 - 11 yrs	0.5 mL per dose	Intramuscular	For person with no prior SARS-CoV-2 vaccine: 2 doses typically 3 weeks apart as initial series.
				12 yrs and older	0.5 mL per dose	Intramuscular	Booster: 1 dose at least 6 months after the last SARS-CoV-2 vaccine. If no prior SARS-CoV-2 vaccine, administer 2 doses approximately 4 weeks apart.
Meiji Seika Pharma Co., Ltd.	KOSTAIVE		mRNA (replicon)	18 yrs and older	0.5 mL per dose	Intramuscular	Booster: 1 dose at least 3 months after the last SARS-CoV-2 vaccine. If no prior SARS-CoV-2 vaccine, administer 2 doses approximately 4 weeks apart.

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