



مركز أبوظبي
للصحة العامة
ABU DHABI PUBLIC
HEALTH CENTRE



دائرة الصحة
DEPARTMENT OF HEALTH

تعميم رقم (77 / 2026) Circular No

Date: 2026/05/14

التاريخ: 2026/05/14

**To: Healthcare Facilities
Health Insurance Companies
Third-Party Administrators**

إلى: منشآت الرعاية الصحية
شركات الضمان الصحي
شركات إدارة المطالبات

**Subject: Updates to the Immunization
Program (Childhood and School
Vaccination)**

**الموضوع: تحديث برنامج التحصين
(تطعيمات الأطفال والمرحلة الدراسية)**

Greetings,

تحية طيبة وبعد ،،،

We extend our greetings and best wishes for your continued success.

بدايةً، يسرنا أن نتقدم لكم بخالص التحية والتقدير
متمنين لكم دوام التوفيق والسداد.

In line with the latest scientific evidence-based practices and recommendations from the Higher National Immunization Committee and the National Immunization Technical Advisory Group, Abu Dhabi Public Health Centre (ADPHC) is announcing updates to the immunization program. This circular updates the provisions outlined in previous circulars No. (USO/37/2026) and (USO/39/2024).

استناداً إلى الممارسات القائمة على الأدلة العلمية
والتوصيات المقدمة من اللجنة الوطنية العليا للتحصين
والمجموعة الوطنية الفنية الاستشارية للتحصين، يعلن
مركز أبوظبي للصحة العامة عن تحديثات على برنامج
التحصين، ويُعد هذا التعميم تحديثاً لما ورد في التعميمات
السابقين رقم (USO/37/2026) و (USO/39/2024).

وعليه، نود إحاطة الجميع بالتحديثات التالية:

Accordingly, kindly be informed of the following updates:

First: Update to the vaccination schedule of the Meningococcal ACYW135 Conjugate Vaccine, as follows:

أولاً: تحديث جدول تطعيمات لقاح التهاب السحايا المقترن
(Meningococcal ACYW135 Conjugate Vaccine) على
النحو التالي:

- First dose: at the age of 12 months.
- Second dose: for Grade 5 students (starting from the 2026 – 2027 academic year).
- Third dose: for Grade 11 students.

- الجرعة الأولى: عند عمر 12 شهراً.
- الجرعة الثانية: لطلبة الصف الخامس (ابتداءً من العام الدراسي 2026 – 2027).
- الجرعة الثالثة: لطلبة الصف الحادي عشر.



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Second: Replacement of the Pneumococcal Conjugate 13-valent Vaccine (PCV13) with the Pneumococcal Conjugate 20-valent Vaccine (PCV20), and updating the dosing schedule as follows:

- First dose: at 2 months of age.
- Second dose: at 4 months of age.
- Booster dose: at 18 months of age.

PCV13 will continue to be administered until the available stock is depleted, with dosing adjusted in accordance with the updated schedule above.

Third: Healthcare facilities procuring pneumococcal conjugate vaccines may use any available product (PCV15 or PCV20). It is recommended to complete the vaccination series using the same vaccine type. In case of a change in vaccine type, previously administered doses remain valid and do not need to be repeated; the schedule should be completed according to the child's age using the available vaccine.

Fourth: Review and update the children's vaccination status based on the child's age and the immunization schedule in the Emirate of Abu Dhabi, including follow-up of children who are delayed in receiving the required vaccines. In addition to raising parents' awareness on the importance of adhering to their children vaccination schedule.

Fifth: Document all vaccinations administered in the "Malaffi" platform in accordance with the specified standards. In addition, report through online e-notification system: Immunization Information System (IIS) available on the following link:
<https://bpmweb.doh.gov.ae/UserManagement/Login.aspx>

ثانياً: استبدال لقاح المكورات الرئوية المقترن (PCV13) بلقاح (PCV20)، وتحديث جدول الجرعات على النحو التالي:

- الجرعة الأولى: عند عمر شهرين.
- الجرعة الثانية: عند عمر 4 أشهر.
- الجرعة المنشطة: عند عمر 18 شهراً.

سيستمر إعطاء لقاح المكورات الرئوية المقترن (PCV13) حتى نفاذ المخزون الحالي، مع تعديل الجرعات وفق التحديث المذكور أعلاه.

ثالثاً: يمكن للمنشآت الصحية التي تقوم بشراء لقاح المكورات الرئوية المقترن استخدام أي من اللقاحات المتوفرة (PCV15 أو PCV20)، ويفضل استكمال الجرعات باستخدام نفس نوع اللقاح. وفي حال تغيير نوع اللقاح، تظل الجرعات التي تم إعطاؤها سابقاً سارية ولا يلزم تكرارها، ويجب استكمال الجدول حسب عمر الطفل باستخدام اللقاح المتوفر.

رابعاً: مراجعة وتحديث حالة تطعيمات الأطفال بناءً على عمر الطفل وجدول التحصين في إمارة أبوظبي، مع متابعة المتأخرين عن التطعيمات، وتوعية أولياء الأمور بأهمية الالتزام بجدول تطعيم أطفالهم.

خامساً: تسجيل جميع التطعيمات التي يتم إعطاؤها في منصة "ملفي" وفقاً للمعايير المحددة، بالإضافة إلى الإبلاغ عبر النظام الإلكتروني الخاص بالتطعيمات (IIS) المتاح على الرابط التالي:

<https://bpmweb.doh.gov.ae/UserManagement/Loggin.aspx>





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Sixth: Submit incidents of suspected vaccine adverse events through the e-notification system: Adverse Event Following Immunization (AEFI) via the following link: <https://bpmweb.doh.gov.ae/UserManagement/Login.aspx>

For further information and inquiries in this regard, kindly contact the Immunization Section via email: vaccine@doh.gov.ae.

This circular is effective from its date of issuance.

We hope that all will adhere to the above, for the best interest of the health sector in the Emirate.

Thank you for your cooperation,

This circular is designed for regulatory procedures and should not be used as content for media publication.

Appendices:

Appendix (1): The Immunization Schedule - Updated April 2026

سادساً: التبليغ في حال الاشتباه بحالات لآثار جانبية للتطعيم عبر النظام الإلكتروني الخاص بالآثار الجانبية الناتجة عن التطعيم (AEFI) على الرابط التالي: <https://bpmweb.doh.gov.ae/UserManagement/Login.aspx>

للمزيد من المعلومات والاستفسارات بهذا الشأن، يرجى التواصل مع قسم التطعيم عبر البريد الإلكتروني: vaccine@doh.gov.ae

يدخل هذا التعميم حيز التنفيذ اعتباراً من تاريخ صدوره.

أملين من الجميع الالتزام بما ورد أعلاه، لما فيه مصلحة القطاع الصحي في الإمارة.

شاكرين لكم حسن تعاونكم معنا،

هذا التعميم للإجراءات التنظيمية وغير مخصص كمحتوى للنشر الإعلامي.

المرفقات:

المرفق (1): جدول التحصين - تحديث إبريل 2026.

د. نورة خميس الغيثي
وكيل دائرة الصحة



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**The Immunization Schedule
Updated April 2026**

	Age Given	Vaccination Type
Childhood Immunization Schedule	Birth	BCG (Bacillus Calmette-Guerin Vaccine)
		HepB (Hepatitis-B Vaccine)
		RSV Long-Acting Monoclonal Antibodies ¹
	End of month 2	Hexavalent (Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b, Hepatitis B, and Inactivated Poliovirus Vaccine)
		PCV20 (Pneumococcal Conjugate 20-valent Vaccine) ²
		RV1 (Rotavirus Monovalent Vaccine) ³
	End of month 4	Hexavalent (Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b, Hepatitis B, and Inactivated Poliovirus Vaccine)
		PCV20 (Pneumococcal Conjugate 20-valent Vaccine) ²
		RV1 (Rotavirus Monovalent Vaccine)
	End of month 6	Hexavalent (Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b, Hepatitis B, and Inactivated Poliovirus Vaccine)
		bOPV (Bivalent Oral Polio Vaccine)
	End of month 12	MMR (Measles, Mumps and Rubella Vaccine)
		Var (Varicella Vaccine)
		MCV4 (Meningococcal ACYW135 Conjugate Vaccine)
End of month 18	DTaP-Hib-IPV (Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b ⁴ , and Inactivated Poliovirus Vaccine)	
	bOPV (Bivalent Oral Polio Vaccine)	
	MMR (Measles, Mumps and Rubella Vaccine)	
	PCV20 (Pneumococcal Conjugate 20-valent Vaccine) ²	
School Immunization Schedule	Grade 1	DTaP-IPV (Diphtheria, Tetanus, acellular Pertussis, and Inactivated Poliovirus Vaccine)
		bOPV (Bivalent Oral Polio Vaccine)
		Var (Varicella Vaccine) ⁵
	Grade 5	MCV4 (Meningococcal ACYW135 Conjugate Vaccine)
	Grade 8	HPV9 (Human Papillomavirus 9 valent Vaccine) for females and males – (2 Doses) ⁶
	Grade 11	Tdap (Tetanus, reduced Diphtheria and acellular Pertussis Vaccine)
		MCV4 (Meningococcal ACYW135 Conjugate Vaccine)
	Note:	
		<ul style="list-style-type: none"> • Updates to the immunization schedule are highlighted in blue. • For Grade 1 students who have not been fully vaccinated with MMR vaccine, initiate, or complete the vaccination schedule for those who do not have documented evidence of receiving 2 doses given after the first birthday, with a minimum interval of 4-weeks between doses.



**1- RSV Long-Acting Monoclonal Antibodies**

A single dose of RSV Long-Acting Monoclonal Antibody shall be administered to all newborns born during the first RSV season (from 1st September to 1st March), refer to the Circular No. 2026/37.

2- Pneumococcal vaccination schedules (refer to Table # 1):**• Healthy children <5 years of age:**

- The vaccination schedule is a 3-dose series administered at 2, 4, and 18 months of age.
- The number of doses required to initiate or complete the vaccination series for children with incomplete schedules should follow Table # 3.
- It is recommended to complete the vaccination series using the same vaccine product (brand). If the series cannot be completed with the same type of vaccine, the available product of Pneumococcal Conjugate Vaccine should be used.

• Preterm birth at <28 weeks gestation and children with a medical condition(s) associated with an increased risk of invasive pneumococcal disease:

- PCV20 should be administered as a 4-dose series at 2, 4, 6 and 18 months of age.
- For those who have completed a 4-dose series of PCV13 or PCV15; one of the following should be administered (refer to Table # 2):
 - An additional dose of PCV20, or
 - An additional dose of Pneumococcal Polysaccharide 23 valent Vaccine (PPSV23).
- It is recommended to complete the vaccination series using the same vaccine product (brand). If the series cannot be completed with the same type of vaccine, the available product of Pneumococcal Conjugate Vaccine should be used.

3- Rotavirus:

- RV1 is the vaccine used by ADPHC. However, the private sector may use RV5 (Rotavirus Pentavalent Vaccine). RV5 vaccination schedule is a 3-dose series administered at 2, 4 and 6 months. It is recommended to complete the vaccination series using the same vaccine product (brand). However, vaccination should not be deferred if the product used for previous doses is not available or is unknown. In this situation, the provider should continue or complete the series with the available product. If any dose in the series was the pentavalent vaccine, or the product is unknown, a total of 3 doses of rotavirus vaccine should be administered.
- Refer to the Circular No. (DG 42/13) for the vaccine age limitation and doses gaps.

4- Haemophilus influenzae type b:

- Children who are behind the vaccination schedule may need fewer doses depending on the child's age and the number of doses previously received. For Hib catch-up vaccination for children <5 years of age whose doses have been delayed or missed refer to Table # 5.

5- Varicella:

- Initiate or complete the vaccination schedule for students who do not have documented 2 doses given after the first birthday, with a minimum interval of 4 weeks between doses.

6- HPV9

- The Schedule for grade 8 students depends on the age at which the first dose was received:
 - Students aged below 15 years should receive 2 doses Only **(0, 6 Months)**, even if the second dose is administered at the age of 15 years or above.
 - Students aged 15 years and above should receive 3 doses **(0, 2, 6 Months)**.
- The vaccination series does not need to be restarted if the schedule is interrupted.



Table # 1
Pneumococcal Vaccination Schedule for children <5 years of age

Category	2 months	4 months	6 months	18 months
Healthy children	PCV20	PCV20	-	PCV20
Preterm birth at <28 weeks gestation	PCV20	PCV20	PCV20	PCV20
All children with a medical condition(s) associated with an increased risk of invasive pneumococcal disease, refer to Table # 4.	PCV20	PCV20	PCV20	PCV 20

Table # 2
PCV13 / PCV15 Vaccination Schedule for children <5 years of age

Category	2 months	4 months	6 months	18 months	2-5 years
Healthy children	PCV13/ PCV15	PCV13/ PCV15	-	PCV13/ PCV15	-
Preterm birth at <28 weeks gestation	PCV13/ PCV15	PCV13/ PCV15	PCV13/ PCV15	PCV13/ PCV15	PCV20 Or PPSV23 (at the age of 4-5 years)
All children with a medical condition(s) associated with an increased risk of invasive pneumococcal disease, refer to Table # 4.	PCV13/ PCV15	PCV13/ PCV15	PCV13/ PCV15	PCV13/ PCV15	PCV20 Or PPSV23 (at the age of ≥ 2 years)



Table # 3 Pneumococcal conjugate (PCV13, PCV15, PCV20) recommended vaccination schedule for healthy children <5 years of age when doses have been delayed or missed				
Age at attendance	Vaccination history	1st dose	2nd dose	3rd dose
3–11 months	0 doses	Give now	4 weeks later	4 weeks later ^a
	1 dose	Previously given	Give now (at least 4 weeks after last dose)	4 weeks later ^a
	2 doses	Previously given	Previously given	Give now (at least 4 weeks after last dose)
12–23 months	0 doses	Give now	8 weeks later	Not needed
	1 dose	Previously given below one year of age	Give now (at least 8 weeks after last dose)	8 weeks later
		Previously given above one year of age	Give now (at least 8 weeks after last dose)	Not needed
	2 doses	Previously given	Previously given	Give now ^a (at least 8 weeks after last dose)
24–59 months	0 doses	Give now	Not needed	Not needed
	1 dose	Previously given	If previous vaccine was PCV13/PCV15/PCV20/PCV10 Give now ^b (at least 8 weeks after last dose)	Not needed
	2 doses	Previously given	Previously given	Give now ^a at least 8 weeks after last dose

a. Not required if the previous 2 doses were administered at the age of 12 months or older, with an interval of at least 8 weeks between doses.

b. Not required if the previous dose was administered at the age of 24 months of age.





Table # 4
Children at high-risk of invasive pneumococcal infection due to underlying medical condition

- Functional or anatomical asplenia, including (sickle cell disease, congenital or acquired asplenia).
- Congenital or acquired immunodeficiency.
- Immunosuppressive therapy (including corticosteroid therapy ≥ 2 mg per kg per day of prednisolone or equivalent for more than 1 week) or radiation therapy.
- Haematological and other malignancies.
- Solid organ transplant.
- Haematopoietic stem cell transplant (HSCT).
- HIV infection (including *AIDS*).
- Chronic renal failure or relapsing or persistent nephrotic syndrome.
- Cochlear implants.
- Intracranial shunts.
- Chronic cardiac disease.
- Chronic lung disease in preterm infants.
- Cystic fibrosis.
- Diabetes.
- Down syndrome.
- Chronic liver disease.



Table # 5 Recommendations for Hib^a catch-up vaccination for children <5 years of age when doses have been delayed or missed					
Age at attendance	Previous Vaccination history	1st dose	2nd dose	3rd dose	Booster dose
3–6 months	0 doses	Give now	1 month later	1–2 months later	18 months of age
	1 previous dose (given at least 4 weeks previously)	Previously given	Give now	1–2 months later	18 months of age
7–11 months	0 doses	Give now	2 months later	Not needed	18 months of age
	1 previous dose	Previously given	Give now at least 4 weeks after last dose	Not needed	18 months of age
	2 previous doses	Previously given	Previously given	At least 4 weeks after last dose	18 months of age
12–14 months	0 doses	Give now	Not needed	Not needed	18 months of age
	1 previous dose	Previously given below one year of age	Give now	Not needed	18 months of age
		Previously given above one year of age	Not needed	Not needed	18 months of age
	2 previous doses	Previously given	Previously given	Not needed	18 months of age
15–59 months	0 doses	Give now	Not needed	Not needed	Not needed
	1 previous dose	Previously given below one year of age	Give now	Not needed	Not needed
		Previously given above one year of age	Not needed	Not needed	Give now ^b at least 8 weeks after last dose
	2 previous doses	Previously given	Previously given	Not needed	Give now ^b at least 8 weeks after last dose

a. Haemophilus influenzae type b conjugate vaccine (Hib) conjugated to Tetanus toxoid.

b. Administer the dose at the age of 18 months or older if the pervious dose administered at the age of 12 months or older.

