Chluestanes Usun Gito

A comical guide to your child's developmental milestones at 5 years















Social/Emotional Milestones:

- Follows rules or takes turns when playing games with other children
- Does simple chores at home, like matching socks or clearing the table after eating





Language/ Communication Milestones

 Answers simple questions about a book or story after you read or tell it to them.



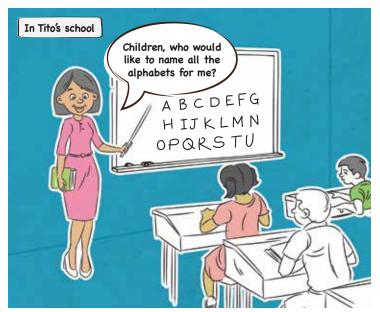


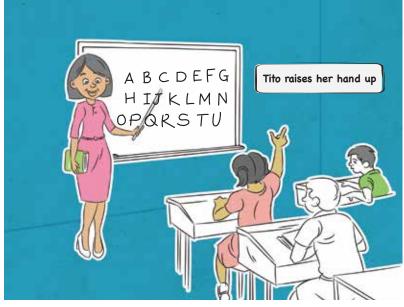
The moral of the story is... Slow and steady wins the race.



Language/ Communication Milestones

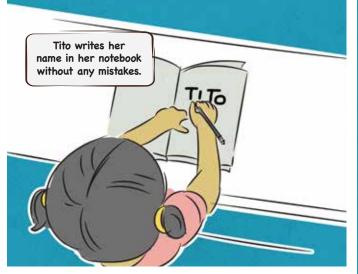
- Tells a story they heard or made up with at least two events.
 For example, a cat was stuck in a tree and a firefighter saved it
- Keeps a conversation going with more than three back and forth exchanges
- Uses or recognizes simple rhymes (bat-cat, ball-tall)







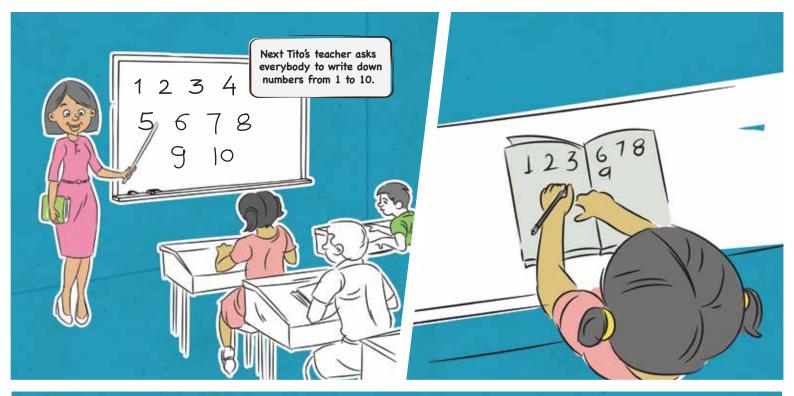


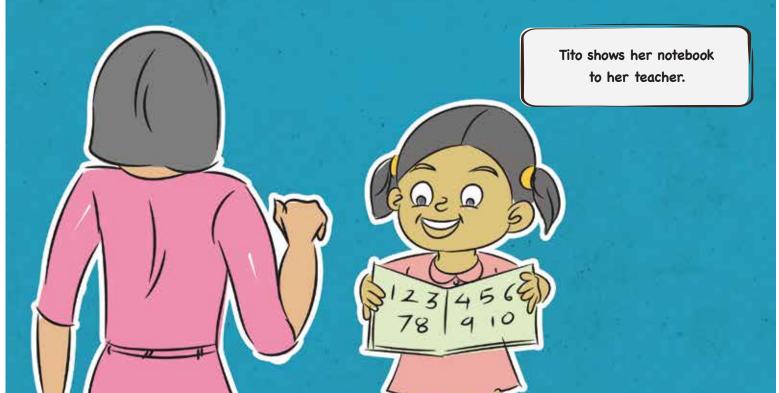


Cognitive milestones

- Name some letters when you point to them
- Write some letters in their name



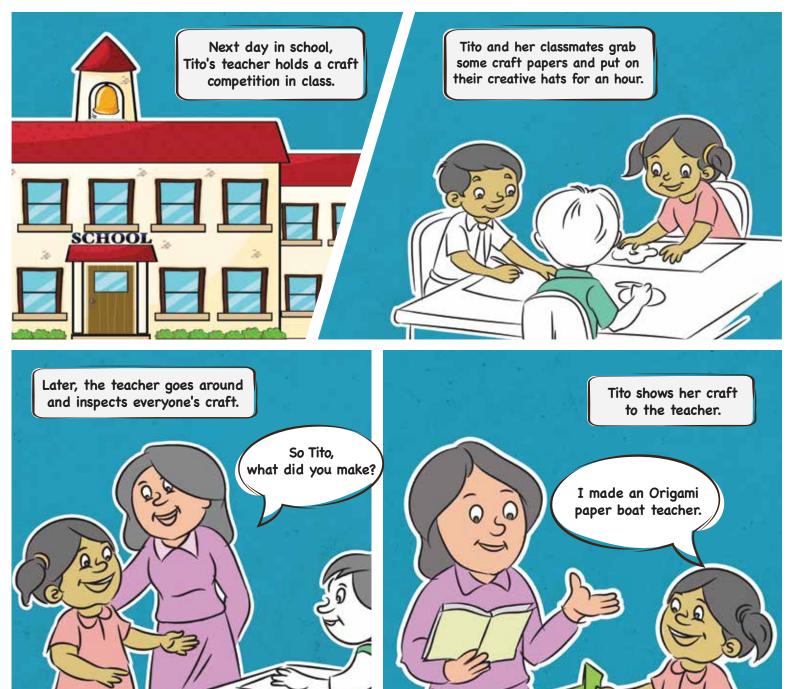






Cognitive milestones:

- Counts to 10
- Name some numbers between1 and 5 when you point to them



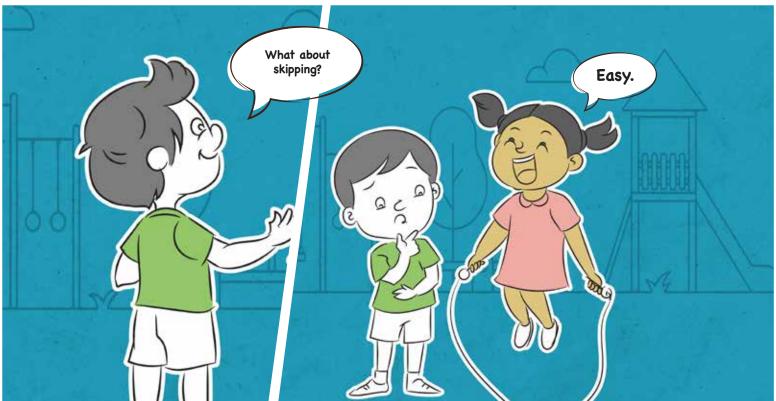


Cognitive milestones:

- Pays attention for 5 to 10 minutes during activities. For example, during story time or making arts and crafts (screen time does not count)
- Uses words about time, like "yesterday," "tomorrow," "morning," or "night"







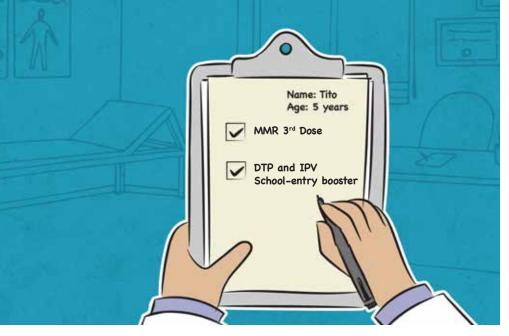


Movement/Physical Development Milestones

- Buttons some buttons
- Hops on one foot







Immunity milestones

By 5 years, your child must be vaccinated with:

- DTP and IPV School-entry booster
- MMR 3rd Dose

Summary of milestones

Social/Emotional Milestones¹

- Follows rules or takes turns when playing games with other children.
- Sings, dances, or acts for you
- Does simple chores at home, like matching socks or clearing the table after eating

Language/Communication Milestones¹

- Tells a story they heard or made up with at least two events. For example, a cat was stuck in a tree and a firefighter saved it
- Answers simple questions about a book or story after you read or tell it to them
- Keeps a conversation going with more than three back-and-forth exchanges
- Uses or recognizes simple rhymes (bat-cat, ball-tall)

Movement/Physical Development Milestones¹

- Buttons some buttons
- Hops on one foot

Cognitive milestones¹ At 5 years, your child:

- Counts to 10
- Names some numbers between 1 and 5 when you point to them
- Uses words about time, like "yesterday," "tomorrow," "morning," or "night"
- Pays attention for 5 to 10 minutes during activities.
 For example, during story time or making arts and crafts (screen time does not count)
- Writes some letters in her name
- Names some letters when you point to them

Immunity milestones² By 5 years, your child must be vaccinated with

- DTP and IPV School-entry booster
 - MMR 3rd Dose

DTP & IPV - Diphtheria, Tetanus, Pertussis and Inactivated Poliomyelitis Vaccine

1.Centers for Disease Control and Prevention [Internet]. What developmental milestones is your 5-year-old reaching?; [cited 2023 Feb 10]. Available from: https://www.cdc.gov/ncbddd/actear-ly/milestones/milestones-5yr.html. 2. Kasi SG, et al. Indian Academy of Pediatrics (IAP) Advisory Committee on Vaccines and Immunization Practices (ACVIP): Recommended Immunization Schedule (2020-21) and Update on Immunization for Children Aged 0 Through 18 Years. Indian Pediatr. 2021 Jan 15;58(1):44-53.







DTP & IPV - Diphtheria, Tetanus, Pertussis and Inactivated Poliomyelitis Vaccine

What are DTP & IPV vaccines?

DTP & IPV booster vaccines are given to protect your child against infections like

◆ Diphtheria ◆ Tetanus ◆ Pertussis ◆ Poliovirus

The vaccine causes the body to produce a shield against these diseases1

How serious are these diseases?

These diseases can cause breathing difficulties, heart problems, muscle spasms and inability to walk, paralysis, and even death.





Why do we NEED BOOSTERS?

High disease transmission and waning of immunity against the disease among school-entry children^{1,2}

Once vaccinated the child is protected for long term³

New ACVIP guideline recommends DTP & IPV booster shot in school-entry children³

DTP & IPV as SCHOOL-ENTRY BOOSTERS

Booster can be given independent to the primary vaccine(s) or previous vaccination schedule⁴

Maintains high immunity from early childhood up until the adolescent booster⁵

Is well-tolerated in toddlers⁶

References: 1. Klein NP, Bartlett J, Rowhani-Rahbar A, Fireman B, Baxter R. Waning protection after fifth dose of acellular pertussis vaccine in children. N Engl J Med. 2012 Sep 13;367(11):1012-9. Available at https://www.nejm.org/doi/pdf/10.1056/NEIMoa12006507articleTools-true. 2. Gao H, Lau EH, Cowling BJ. Waning immunity after receipt of pertussis, diphtheria, tetanus, and polio-related vaccines: A systematic review and meta-analysis. J Infect Dis. 2022 Feb 15;252(4):557-566. Available at https://academic.oup.com/jig/article-abstract/223/4f557/6372879?redirectedFrom=fullhext&login=false. 3. Kasi SG, Shivananda S, Marathe S, Chatterjee K, Agarwalla S, Dhir SK, et al. Indian Academy of Pediatrics (IAP) Advisor, Committee on vaccines and immunization practices (ACVIP): Recommended immunization schedule (2020-21) and update on immunization for children aged 0 through 18 years. Indian Pediatrics. 2021 Jan;58(1):44-53. Available at https://www.forencedirect.2096.pdf. 4. Mallet E, Matisses N, Mathieu N, Langue J, Boisnard F, Soubeyrand B; Pentavac Study Group. Antibody persistence against diphtheria, tetanus, pertussis poliomyelitis and Haemophillus influenzae type b (Hib) in 5-6-year-old children after primary vaccination and first booster with a pentavalent combined acellular pertussis vaccine: immunogenicity and tolerance of a tetravalent combined acellular pertussis vaccine combination vaccine with either inactivated or oral polio vaccine compared to standard-your development of the pertussis when used as a pre-school booster in UK children A 5-year follow-up of a randomised controlled trial in children primacy vaccination of pre-school children with reduced-antigen-content diphtheria-tetanus-acellular pertussis-inactivated or oral polio vaccine compared to standard-septice of compared to standard-septice of poliovaccine compared to s

| Vaccine | | | | | • | Age in co | mpletec | Age in completed weeks / months / years | months | / years | | | | | | |
|----------------------------|-------|----------------------|---------------------------------------|--------------------|---------|-----------|--------------------|---|--------|--------------------|--------------------------------|-------------------------|-------|---|--------------------|----------------|
| | Birth | 9w | 10w | 14w | em | 7m | 9m | 12m | 13m | 15m | 16-18m | 15m 16-18m 18-24m 2-3 Y | 2-3 Y | 4-6 Y | | 9-14 Y 15-18 Y |
| BCG | | | | | | | | | | | | | | | | |
| Hepatitis B | HB 1ª | HB 2 | HB3 | HB 4 ^b | | | | | | | | | ** | 0 | | |
| Polio | OPV | 1PV 1 ^C | IPV 2 ^c IPV 3 ^c | IPV 3 ^c | | | | | | | IPV ^c B1 | | | IPV ^c B2 | | |
| DTwP/DTaP | | DTP 1 | DTP 2 | DTP 3 | | | | | | | DTP B1 | | | DTP B2 | | |
| Hib | | Hib 1 | Hib 2 | Hib 3 | | | | | | | Hib B1 | | •• | | • | |
| PCV | | PCV 1 | PCV 2 | PCV 3 | | | | | PCV B | , B | | | | | | |
| Rotavirus | | RV 1 | RV 2 | RV 3 ^d | | | | | | | | | | | | |
| Influenza | | | | | Dose 1e | Dose 2 | | | Annus | Annual Vaccination | ation | | | | | |
| MMR | | | | | | | Dose 1 | | | Dose 2 | | | | Dose 3 | | |
| TCV | | | | | | | | | | | | | | | | |
| Hepatitis A | | | | | | | | Dose 1 | | | | Dose 2 ^f | | | | |
| Varicella | | | | | | | | | | Dose 1 | | Dose 2 ^g | | | | |
| Tdap ^h /Td | | | | | | | | | | | | | | | | |
| НРV | | | | | | | | | | | | | | | 1 & 2 ⁱ | 1 & 2 1, 2 & 3 |
| Meningococcal ^k | | | | | | | Dose 1 | Dose 2 | | | | | | | | |
| JE | | | | | | | | Dose 1 | Dose 2 | | | | | | | |
| Cholera | | | | | | | | Dose 1 | Dose 2 | | | | | | | |
| PPSV 23 | | | | | | | | | | | | | | | | |
| Rabies | | | | | | | | | | | | | | | | |
| Yellow Fever | | | | | | | | | | | | | | | | |
| | | E | Recommended age | nded age | | Catch t | Catch up age range | nge | Vacc | sines in s | Vaccines in special situations | uations | | | | |

of a combination vaccine; (d) 3rd dose of Rota vaccine is not necessary for RV1; (e) Influenza vaccine should be started after 6 mo of age, 2 doses 4 wks apart, usually in the pre-monsoon period. At other times of the year, the most recent available strain should be used. Annual influenza vaccine is not necessary for RV1; (e) Influenza vaccine is recommended in the high-risk group only; (f) Single dose is to be given for the live attenuated Hepatitis. A vaccine. The inactivated vaccine needs two doses; (g) 2nd dose of Varicela vaccines have been accessed anythine? In a step of a decendant with a second booster of PTA at 4-6 y, For delayed 2nd booster, Tdap can be given after 7 y of age, A dose of Tdap is necessary and administration. If Tdap is unavailable unaffordable, it can be substituted with Tdt, (i) For period as 2-dose schedule. (i) From 15th yonwards and the immunocompromised subjects at all ages, HPV vaccines are recommended as a 2-dose schedule. (ii) From 15th yonwards and the immunocompromised so a single between 9-23 mo. Minimum interval between 9-25 mo. Winimum interval between 9-20 mo. Winimum int (a) To be given within 24 h after birth. When this is missed, it can be administered at first contact with health facility; (b) An extra dose of Hepatitis B vaccine is permitted as part of a combination vaccine when use of this combination vaccine is necessary; (c) IPV can be given as part

ACVIP recommends DTP & IPV boosters in school-entry children

DTP & IPV - Diphtheria, Tetanus, Pertussis and Inactivated Polio Vaccine; IAP - Indian Academy of Pediatrics; ACVIP - Advisory Committee on Vaccines and Immunization Practices.

Reference: 1. Kasi SG, Shivananda S, Marathe S, Chatterjee K, Agarwalla S, Dhir SK, et al. Indian Academy of Pediatrics (IAP) Advisory Committee on vaccines and immunization practices (ACVIP): Recommended immunization schedule (2020–21) and update on immunization for children aged 0 through 18 years. Indian Pediatrics. 2021 Jan;58(1):44-53. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PWIC7840391/pdf/13312_2021_Article_2096.pdf.

YOUR CHILD'S VACCINATION JOURNEY AS PER LATEST ACVIP IMMUNIZATION SCHEDULE

Birth

BCG OPV Hep B-1 (BD)^a



6 weeks

DTaP/DTwP-1 PCV-1 IPV-1° Hib-1 Hep B-2 Rota-1

10 weeks

DTaP/DTwP-2 PCV-2 IPV-2° Hib-2 Hep B-3 Rota-2

14 weeks

DTaP/DTwP-3 IPV-3° Hib-3 Hep B-4^b Rota-3^d



6 months

IIV-1^e Typhoid conjugate vaccine[@]



7 months

IIV-2



9 months

MMR-1 MCV-1*k Yellow Fever Vaccine*



12 months

Hep A MCV-2*k JE-1* Oral Cholera Vaccine-1*



13 months

JE-2* Oral Cholera Vaccine-2*



15 months

MMR-2 Varicella-1 PCV booster



16-18 months

DTaP/DTwP-B1 Hib-B1 IPV°-B1



18-19 months

Hep A-2^f Varicella-2^g



2-3 years

MCV*k PPSV23*



4-6 years

DTaP/DTwP-B2 IPV°-B2 MMR-3



10-12 years

Tdaph HPV^{i,j}



*Vaccines used in special situations

BD- Birth Dose, ACVIP- Advisory Committee on Vaccines & Immunization Practices; @- Typhoid Conjugate vaccine can be administered between 6-9 months. BCC- Bacille Calmette Guerin vaccine; OPV - Oral Polio Vaccine; Hey B — Hepatitis B; DTaP/ DTWP - Diphtheria Tetanus acellular Pertussis; Diphtheria Tetanus whole cell Pertussis; IPV- Injectable Polio Vaccine; Hib- Haemophilus influenza Vaccine; PCV- Pneumococcal Conjugate Vaccine; PPSV- Pneumococcal Polysaccharide vaccine; IIV- Inactivated Influenza Vaccine; MR- Measles Mumps Rubella; HepA- Hepatitis A; HPV- Human Papillomavirus; Tdap- Tetanus and diphtheria toxoids with acellular pertussis; MCV. Meningococcal Vaccine; yE- Japanese Encephalitis (a)To be given within 24 h after birth. When this is missed, it can be administered at first contact with health facility; (b) An extra dose of Hepatitis B vaccine is permitted as part of a combination vaccine when use of the war, the most recent available strain should be used, Annual of a combination vaccine; and the proposed propriet of the war, the most recent available strain should be used, Annual

(a)To be given within 24 h after birth. When this is missed, it can be administered at first contact with health facility, (b) An extra dose of Hepatitis B vaccine is permitted as part of a combination vaccine when use of this combination vaccine is necessary; (c) IPV can be given as part of a combination vaccine; (d) 3rd dose of Rota vaccine is not necessary for RV1; (e) Influenza vaccine should be started after 6 mor alog. 2 doses 4 wks apart, usually in the pre-monsoon period. At other times of the year, the most recent valiable strain should be used. Annua influenza vaccination should be seen of 14, the part of 14 in the pre-monsoon period. At other times of the year, the most recent valiable strain should be used. Annua influenza vaccination should be continued, for all, till 15 y of age; after the age of 5f, this vaccine is recommended in the high-risk place (as the part of 14 in the part of 14 in the pre-monsoon period. At other times of the year, the part of 14 in the pre-monsoon period. At other times of the year, the part of 14 in the pre-monsoon period. At other times of the year, the part of 14 in the pre-monsoon period. At other times of the year, the part of 14 in the pre-monsoon period. At other times of the year, the part of 14 in the p

References: 1. Indian Academy of Pediatrics (IAP) Advisory Committee on Vaccines and Immunization Practices (ACVIP): Recommended immunization schedule (2020-21) and update on immunization for children aged 0 through 18 years. [cited 2022Nov23]. Available from: https://www.indianpediatrics.net/jan2021/jan-44-53.html | 2. World Health Organization. Rabies vaccines: WHO position paper, April 2018 - Recommendations. Vaccine. 2018 Sep 5;36(37):5500-5503.