

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

Disease		Children and adolescents (<18 years)	Adults (> 18 years)
Priority vaccinations			
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, three doses of DTaP-IPV ** containing vaccines according to the guidelines in the host country.
To be considered			
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.

** If there is a vaccine shortage, administer at least one dose of vaccine containing acellular pertussis-component.

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