

Vaccine Policy

For several years Pediatric Associates of Greater Salem, Inc. has required that patients be immunized. We have been quite flexible in the implementation of this policy. After significant discussion, we have decided to make specific time requirements for certain immunizations. These times are based on recommendations from the American Academy of Pediatrics and the American Committee for Immunization Practice, the national standard organizations. Fundamentally, these times are based on the age-related risks to infants and children.

We are aware that vaccine safety is a concern to parents. We are also concerned about vaccine safety, but have more biological information about the safety of children who are unimmunized or incompletely immunized. We understand that no biologically active agent has zero risk. Those who participate in medicine as patients or physicians must learn to tolerate very low risk. Every effective treatment has a risk, but approved treatments have very high benefit-to-risk ratios. That is, the benefit to the child far exceeds the risk to the child. For fifty years vaccines have had the highest benefit-to-risk ratio of treatments in medical specialties.

Over the last ten years there have been multiple studies demonstrating that vaccines do not cause autism. The Institute of Medicine, a national organization that evaluates treatments in the US, reached the same conclusion. There is also no scientific data proving that thimerosal, which has not been in any of our vaccines since 2001, has any adverse effects. Additionally, scientists have shown that there is no benefit to separating vaccines, particularly the MMR vaccine. We do not intend to separate any vaccines.

We have an obligation to provide the best medical care possible; our vaccine schedule is consistent with that goal. Our vaccine choices are not arbitrary. They protect children from life-threatening illnesses such as whooping cough, haemophilus influenzae, meningitis, and pneumococcal meningitis, as well as diseases like rubella that have disabled children for life. Not only are these vaccines important, but the Commonwealth of Massachusetts requires us to complete all second-year immunizations in order to receive tax supported immunizations for all of the children in the Commonwealth. Families who do not want to follow our vaccine schedule should seek pediatric care elsewhere.

Infants under **six months** are required to have the following vaccines:

- 3 DTaP
- 3 Hib
- 3 PCV7
- Polio, which is part of the only combination vaccine, is administered with the above vaccines.

*HepB, though not required in the first six months by us, is strongly recommended with the schedule of birth, 1 month, and 9 months. HepB vaccine is a state requirement for daycare, pre-school, and kindergarten.

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Children under **two years** are required to have the following vaccines:

- 4th DTaP
- 4th PCV7
- 1 MMR (measles, mumps, rubella)
- 1 Varicella (chicken pox)
- HepB series for children who have not yet had it.

Children between **two and five years** are required to have the following vaccines:

- 5th DTaP
- 2nd MMR
- 4th Polio

*These vaccines are school entry requirements.

Children who have not had our required immunizations in the first six months of life require a different evaluation when they are sick or have a fever. Unimmunized children who are less than six months must be managed by protocols used before 1989. At that time, many children under six months entering an emergency room with a fever had a spinal tap to rule out meningitis. We no longer do that for immunized children because other clinical criteria are sufficient to exclude meningitis most of the time.

It is dangerous if parents do not tell emergency personnel that their children have not been fully immunized. The emergency physician may not realize the unimmunized child's risk and therefore may not manage the case properly. Failure to immunize children also presents a risk to some individuals in our offices. We have a small number of immunocompromised patients who are unable to receive live vaccines: exposure to one of these illnesses from an unimmunized child creates a potentially life-threatening situation for them.

The Commonwealth of Massachusetts provides most of the vaccines in the first five years of life. We charge only an immunization fee to cover the nurse's time and the cost of the syringes. This vaccine policy became active on June 15, 2009 and does not apply to any schedule previously authorized by a treating physician.

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