



The Childhood Immunization Schedule: Why Is It Like That?

Q1: Who decides what immunizations children need?

A: Each year, top disease experts and doctors who care for children work together to decide what to recommend that will best protect U.S. children from diseases. The schedule is evaluated each year based on the most recent scientific data available. Changes are announced in January, if needed. The schedule is approved by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the American Academy of Family Physicians.

Q2: How are the timing and spacing of the shots determined?

A: Each vaccine dose is scheduled using two factors. First, it is scheduled for the age when the body's immune system will work the best. Second, it is balanced with the need to provide protection to infants and children at the earliest possible age.

Q3: Why are there so many doses?

A: Researchers are always studying how well vaccines work. For many vaccines three or four doses are needed to fully protect your child. The doses need to be spaced out a certain amount to work the best.

Q4: Why is the schedule "one size fits all?" Aren't there some children who shouldn't receive some vaccines?

A: Your child's health and safety are very important to your child's doctor. The schedule is considered the ideal schedule for healthy children but there may be exceptions. For example, your child might not receive certain vaccines if she has allergies to an ingredient in the vaccine, or if she has a weakened immune system due to illness, a chronic condition, or another medical treatment. Sometimes a shot needs to be delayed for a short time, and sometimes not given at all.

Your pediatrician stays updated about new exceptions to the immunization schedule. This is one reason your child's complete medical history is taken at the pediatrician's office, and why it is important for your child's health care providers to be familiar with your child's medical history.

Q5: Why can't the shots be spread out over a longer period of time? There are 25 shots recommended in the first 15 months of life; why not spread these out over 2 or 3 years?

A: First, you would not want your child to go unprotected that long. Babies are hospitalized and die more often from some diseases, so it is important to vaccinate them as soon as it is safe. Second, the recommended schedule is designed to work best with a child's immune system at certain ages and at specific times. There is no research to show that a child would be equally protected against diseases with a very different schedule. Also, there is no scientific reason why spreading out the shots would be safer. But we do know that any length of time without immunizations is a time without protection.



Q6: I've seen another schedule in a magazine that allows the shots to be spread out. It was developed by a pediatrician. Why can't I follow that schedule? My child would still get his immunizations in time for school.

A: There is no scientific basis for such a schedule. No one knows how well it would work to protect your child from diseases. And if many parents in any community decided to follow such schedule, diseases will be able to spread much more quickly. Also, people who are too sick or too young to receive vaccines are placed at risk when they are around unvaccinated children.

For example, following one alternative schedule would leave children without full polio protection until age 4. Yet it would take only one case of polio to be brought into the U.S. for the disease to take hold again in this country. This is a highly infectious disease that can cause serious harm--even death. The reason we recommend vaccines when we do is because young children are more vulnerable to these diseases.

Pediatricians want parents to have reliable, complete, and science-based information, so that they can make the best decision for their child about vaccination.

Q7: Isn't it possible that my child has natural immunity to one or more diseases? If he does, can't he skip the shot?

A: Tests that check for immunity to certain diseases do not work well in young children.

Q8: Isn't it overwhelming to a child's immune system to give so many shots in one visit?

A: Infants and children are exposed to many germs every day just by playing, eating, and breathing. Their immune systems fight those germs, also called antigens, to keep the body healthy. The amount of antigens that children fight every day (2,000-6,000) is much more than the antigens in any combination of vaccines on the current schedule (150 for the whole schedule). So children's immune systems are not overwhelmed by vaccines.

Q9: There are no shots given at 9 months, other than maybe flu vaccine or catch-up vaccines. Why not give some at that visit instead of at 6 months or 12 months?

A: Waiting until 9 months would leave the child unprotected from some diseases, but 9 months is too early for some of the 12-18 month vaccines. Some infants might have a bit of protection left from their mother during the pregnancy, and that protection could make the vaccine less effective.

From your doctor

Clackamas & Oregon Pediatrics
(503) 659-1694

If you have any questions or concerns, feel free to ask your pediatrician.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.



Vaccine Safety: The Facts

Why vaccinate? Vaccines save lives and protect against the spread of disease. If you decide not to immunize your child, you put your child at risk. Your child could catch a disease that is dangerous or deadly. Getting vaccinated is much better than getting the disease.

Your pediatrician knows that you care about your child's health and safety. That's why you need to get all the scientific facts from a medical professional you can trust before making any decisions based on stories you may have seen or heard on TV, the Internet, or from other parents. Your pediatrician cares about your child too and wants you to know that...

- **Vaccines work.** They have kept children healthy and have saved millions of lives for more than 50 years. Most childhood vaccines are 90% to 99% effective in preventing disease. And if a vaccinated child does get the disease, the symptoms are usually less serious than in a child who hasn't been vaccinated. There may be mild side effects, like swelling where the shot was given, but they do not last long. And it is rare for side effects to be serious.
- **Vaccines are safe.** All vaccines must be tested by the Food and Drug Administration (FDA). The FDA will not let a vaccine be given unless it has been proven to be safe and to work well in children. The data get reviewed again by the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians before a vaccine is officially recommended to be given to children. Also, the FDA monitors where and how vaccines are made. The places where vaccines are made must be licensed. They are regularly inspected and each vaccine lot is safety-tested.
- **Vaccines are necessary.** Your pediatrician believes that your children should receive all recommended childhood vaccines. In the United States vaccines have protected children and continue to protect children from many diseases. However, in many parts of the world many vaccine-preventable diseases are still common. Since diseases may be brought into the United States by Americans who travel abroad or from people visiting areas with current disease outbreaks it's important that your children are vaccinated.

Also, children with certain health problems may not be able to get some vaccines or may need to get them later. Since each child is different, your child's doctor will know what is best for your child. You should get information about each vaccine at the doctor's office. Ask your child's doctor if you don't understand what you've read.



Vaccine Safety: The Facts

- **Vaccines are studied.** To make sure the vaccine continues to be safe, the FDA and the CDC created the Vaccine Adverse Event Reporting System (VAERS). All doctors must report serious side effects of vaccines to VAERS so they can be studied. Parents can also file reports with VAERS. For more information about VAERS, visit www.vaers.hhs.gov or call the toll-free VAERS information line at 800/822-7967.

Based on VAERS reports, vaccine safety professionals continuously look for any problem with a vaccine, study the problem, and decide what to do. And if there is a problem, changes are made as soon as possible. For example,

- If a vaccine is no longer safe, it is no longer given.
- If there are new side effects, safety alerts are sent out to your health care providers.

Another way the CDC checks vaccine safety is by studying information about side effects collected from 8 large insurance companies. The Vaccine Safety Datalink (VSD) helps identify if there are any serious problems or safety issues from the records of thousands of children.

In the rare case that a child has serious side effects to a vaccine, parents can contact the National Vaccine Injury Compensation Program (VICP) at 800/338-2382 or www.hrsa.gov/vaccinecompensation. This federal program was created to help pay for the care of people who have been harmed.

Resources

American Academy of Pediatrics
www.aap.org
www.cispimmunize.org

Food and Drug Administration
www.fda.gov

Centers for Disease Control and Prevention
www.cdc.gov/vaccines

National Network for Immunization Information
www.immunizationinfo.org

From your doctor

Clackamas & Oregon Pediatrics
 (503) 659-1694

If you have any questions or concerns, feel free to ask your pediatrician.

Please note: Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Phone numbers and Web site addresses are as current as possible, but may change at any time.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.