

Childhood vaccine schedule updated (w/ Video)

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The co-director of the University of Alabama at Birmingham (UAB) Division of Pediatric Infectious Diseases is a member of the committee that this week issued updated guidelines for childhood and teen immunizations to include formal recommendations that children older than 6 months get the H1N1 influenza vaccine to guard against swine flu, and that combination vaccines are generally preferred over separate injections.

The revised childhood vaccine schedule is published in the January issue of *Pediatrics*; the annual update is issued by the American Academy of Pediatrics, the [Centers for Disease Control and Prevention](#) and the American Academy of Family Physicians.

UAB's David Kimberlin, M.D., is a member of the American Academy of Pediatrics Committee on Infectious Diseases and a liaison to the Centers for Disease Control panel that helped author the recommendations.

"Most of these recommendations are for vaccines and boosters that almost every pediatrician and family physician knows about and already is using. It is good practice to issue a clear, concise vaccine schedule that anyone can refer to," says Kimberlin, a UAB professor and associate editor of the American Academy of Pediatrics' Red Book, a revered pediatric treatment manual.

"The bottom line here is vaccines save lives, improve the health of all

children and benefit families and communities," he says.

The updated schedule reflects new vaccines approved by the U.S. [Food and Drug Administration](#) that include the H1N1 vaccine and a [human papillomavirus vaccine](#) for girls, known as the HPV2 vaccine, designed to protect females from two strains of the virus associated with more than 70 percent of cervical cancer cases, says Kimberlin.

The new schedule states it is permissible for doctors to recommend the earlier HPV4 vaccine for boys ages 9 and older, offering protection from four strains of the virus and reducing the likelihood of male genital warts. The recommendations also say children considered at-risk for meningococcal disease, especially those with immune-system disorders and other conditions, should get a booster shot of meningococcal conjugate vaccine, known as MCV4, three years after their initial MCV4 dose at ages 2 through 6.

The update also says that after four scheduled doses of inactivated poliovirus vaccine, the fifth dose of the same vaccine should be given on or after age 4 and at least six months after the previous dose.

Kimberlin says vaccine considerations always should consider health-care provider assessment, patient preference and the potential for adverse events. Providers who need more details should refer to the comprehensive recommendations issued by the Centers for Disease Control Advisory Committee on Immunization Practices, available by clicking [here](#). Clinically significant adverse events that follow immunization should be reported to the [Vaccine](#) Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967.

Provided by University of Alabama at Birmingham

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