

Childhood vaccine schedule is safe, report says

January 16 2013, by Amanda Gardner, Healthday Reporter



Photo: U.S. Centers for Disease Control and Prevention

Critics call for more research into whether shots may be linked to some developmental disorders.

(HealthDay)—The standard vaccine schedule for young children in the United States is safe and effective, a new review says.

The report, issued Wednesday by the Institute of Medicine (IOM) at the request of the U.S. Department of Health and Human Services, is the first to look at the entire vaccine schedule as opposed to just individual vaccines. The current vaccine schedule entails 24 vaccines given before the age of 2, averaging one to five shots during a single doctor visit.

"The committee found no evidence that the childhood immunization schedule is not safe," said Ada Sue Hinshaw, chair of the committee that produced the report and dean of the Graduate School of Nursing at the Uniformed Services University of the Health Sciences in Bethesda, Md.

"The evidence repeatedly points to the health benefits of the schedule, including preventing children and their communities from life-threatening diseases," added Hinshaw, who spoke at a Wednesday news conference to introduce the report.

The series of vaccines are designed to protect against a range of diseases, including measles, mumps, polio, diphtheria, tetanus, [whooping cough](#), meningitis and hepatitis.

However, some expressed reservations about the report.

"The IOM Committee has done a good job outlining core [parental concerns](#) about the safety of the U.S. child vaccine schedule and identifying the large [knowledge gaps](#) that cause parents to continue to ask doctors questions they can't answer," said Barbara Loe Fisher, co-founder and president of the National Vaccine Information Center (NVIC), a nonprofit organization "advocating for the institution of [vaccine safety](#) and informed consent protections in the [public health system](#)."

But, she added, "The most shocking part of this report is that the committee could only identify fewer than 40 studies published in the past 10 years that addressed the current 0-6-year-old child vaccine schedule. We still don't know if the doubling of the numbers of doses of vaccines that children are given since 1982 is associated with health problems in premature infants or development of chronic brain and immune system disorders, such as asthma, atopy, allergy, autoimmunity, autism, learning disorders, communication disorders, developmental disorders, intellectual disability, attention-deficit disorder, disruptive behavior disorder, tics and Tourette's syndrome, seizures, febrile seizures and epilepsy."

An enduring furor over the safety of vaccines was largely instigated by

research published in 1998— and since retracted—by British physician Dr. Andrew Wakefield that the MMR (measles, mumps, rubella) vaccine was linked with the development of autism.

Wakefield's research has been discredited but concerns about vaccination safety linger.

The majority of American children—90 percent—receive all the recommended childhood vaccinations by the time they enter kindergarten, the report stated.

But there are parents who choose to delay vaccinations, space them out or forgo them entirely, often as the result of concerns about the safety of the vaccine itself or worries about giving too many injections at one time.

The committee preparing the report looked at available research and also talked to parents, clinicians, advocacy groups and representatives from various U.S. health agencies, as well as agencies from other countries.

Among the factors considered: number of vaccines, frequency and order of administration, spacing between doses, cumulative doses, age of recipient and any relationship on autoimmune diseases such as diabetes, asthma and allergies, seizures and development disorders including autism, said committee member Dr. Alfred Berg, a professor of family medicine at the University of Washington School of Medicine in Seattle.

Although the committee found the [vaccine schedule](#) did not appear to do any harm, it did point out areas for improvement.

While current systems designed to detect any safety problems are good, they could be expanded, the committee stated. And there are further areas for research, such as identifying any populations who may

potentially be susceptible to harm from vaccines, said Dr. Pauline Thomas, another committee member and an associate professor of preventive medicine and community health at New Jersey Medical School in Newark.

And the National Vaccine Program Office, which coordinates the various federal agencies involved in immunization activities, should "systematically collect and assess information about stakeholder [such as parents'] concerns," said Berg.

Loe Fisher said the NVIC supported the call for more investigation into the issue of public confidence in the childhood vaccination schedule.

But the NVIC did not agree with the committee's recommendations that prospective trials are not useful for examining vaccination safety. Instead, it called for more research using existing databases, she said.

More information: Learn more about the report at the [Institute of Medicine](#).

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Citation: Childhood vaccine schedule is safe, report says (2013, January 16) retrieved 11 July 2024 from <https://medicalxpress.com/news/2013-01-childhood-vaccine-safe.html>

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