



Vaccine Policy

Pediatric Associates of Greater Salem (PAGS) requires that patients be immunized. Based on recommendations from the American Academy of Pediatrics (AAP) and the American Committee for Immunization Practice, we have decided to set specific time requirements for certain immunizations. These times are based on age-related risks to infants and children.

We are aware that vaccine safety is a concern to parents; however, we 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 a 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 over fifty years, vaccines have had the highest benefit-to-risk ratio of treatments in medical specialties.

There have been multiple studies demonstrating that vaccines DO NOT cause autism. The Institute of Medicine, a national organization that evaluates treatments in the U.S., reached the same conclusion. There is also no scientific data proving that thimerosal has any adverse effects. Additionally, scientists have shown that there is no benefit to separating vaccines, particularly the MMR vaccine. We do not 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, which have disabled children for life.

Families who choose not to follow our vaccine policy should seek pediatric care elsewhere.

Infants <u>UNDER SIX MONTHS</u> of age are required to have the following vaccines:
3 Dtap
3 Hib
3 PCV13
Polio, which is part of the only combination vaccine, is administered with the above vaccines.
Hep B, which is part of the only combination vaccine, is administered with the above vaccines.
<i>Rotavirus is recommended but not required.</i>

Children under <u>TWO YEARS</u> are required to have the following vaccines:
4 th Dtap
4 th PCV13
1 MMR (measles, mumps, rubella)
1 Varicella (chicken Pox)
Hep B series for children who have not yet had it.
<i>Hep A is recommended but not required.</i>

Children between <u>TWO AND FIVE YEARS</u> are required to have the following vaccines:
5 th Dtap
2 nd MMR
4 th Polio
These vaccines are required for school entry.

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 of age must be managed by protocols used before 1989: at that time, many children under six months entering an emergency room with a fever had to have a spinal tap to rule out meningitis. This is no longer required for immunized children because other clinical criteria are sufficient to exclude meningitis most of the time.

It is dangerous for parents not to 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 of the individuals in our office. We care for 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 eighteen years of life. We charge only an immunization administration fee to cover the nurse's time and the cost of the syringes.

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