

## Immunizations 101

The following glossary provides further information about vaccines your child will receive to protect him or her against various preventable infectious diseases. We support the [AAP's immunization guidelines](#), and believe all children have the right to be protected from preventable infectious diseases, with rare medical exceptions.

To view a PDF copy the official English-language Vaccine Information Sheet created by the US Department of Health & Human Services, click the name of the desired vaccine below. By law, parents must be given copies of these forms each time their children are vaccinated. If you would like to read these documents in a language other than English, [click here](#).

Vaccine	Description	When given
<a href="#"><u>DTaP/Tdap</u></a>	Diphtheria, Tetanus and acellular Pertussis. Pertussis is the clinical name for whooping cough. The old DPT vaccine had a more significant number of reactions with fever, local redness/swelling at the site of the shot, and irritability. It was found that if the cells of the pertussis part were broken down, patients still got antibody protection without as many reactions; therefore, all DPT shots are now given as the DTaP vaccine. Tetanus boosters (Td) are recommended at age 11 years and at subsequent 10-year intervals. Exception: If a person sustains a "dirty" wound, a Td booster is recommended if it has been more than 5 years since the last booster. If at least 2 years has elapsed since an adolescent or adult has received the old Td booster (which did not include pertussis), they are a candidate for the new Tdap in order to boost their pertussis (whooping cough) immunity.	Primary: 2, 4, 6 mo. Booster: 18 mo., 4 yr. Td booster: 11 yr.
<a href="#"><u>Hepatitis A</u></a>	Hepatitis A is a serious liver disease caused by the Hepatitis A virus. Hepatitis A can be spread by being in contact with another person who has the illness, or with contaminated food/water. Historically southern states have given this vaccine routinely and noticed a marked drop in the number of cases of infection. The AAP now recommends all children older 12 months of age and older receive Hepatitis A vaccine in a 2 dose schedule. This is especially important for international travelers.	12 mos. and older
<a href="#"><u>Hepatitis B</u></a>	Hepatitis B is a virus that can lead to liver failure and liver cancer. There is no cure for Hepatitis B virus, so efforts have been focused on prevention with vaccine. It is known that infants and young children who get Hepatitis B infection are much more likely to progress to liver failure and/or develop liver cancer than adults who acquire the infection. That is why it is recommended that infants receive their first dose of the vaccine shortly after they are born, while they are still in the hospital.	Nursery, 2 mo., 6-12 mo.
<a href="#"><u>HIB</u></a>	<i>Haemophilus Influenzae B</i> . Prior to this vaccine, HIB was the most common cause of bacterial meningitis and invasive bacterial infections in young children. Do not be confused by the word "influenzae." This has nothing to do with the flu, which is a virus. This is a potentially deadly bacteria which is rarely seen since universal vaccination was initiated.	Primary: 2, 4, 6 mo. Booster: 15 mo.

## Immunizations 101

<p><u><b>HPV</b></u></p>	<p>Human Papillomavirus is the cause of most cervical cancers and pre-cancerous cervical lesions in women. The HPV vaccine contains 4 strains of the virus which are implicated in at least 70% of cases of cervical cancer. The AAP recommends that this vaccine be administered to women from the ages of 11-26. We feel strongly that HPV vaccine should be strongly considered in all girls prior to high school.</p>	<p>Girls 11 years and older</p>
<p><u><b>IPV</b></u></p>	<p>Inactivated Polio Vaccine. The old polio vaccine was called the oral polio vaccine and was given by mouth. It was a low dose live vaccine of the polio virus. Since polio as a disease has been eradicated in our part of the world, a killed inactivated form of the polio vaccine is given by injection.</p>	<p>Primary: 4, 6 mo. Booster: 18 mo., 4 yr.</p>
<p><u><b>MMR</b></u></p>	<p>Measles, Mumps and Rubella. Prior to universal vaccination with MMR, measles was a common childhood virus that led to seizures, brain damage and death in a significant number of children. Mumps can lead to deafness, meningitis, and swelling of the testicles or ovaries, which could lead to infertility and (rarely) death. Prior to vaccination, Rubella, commonly called "German Measles," was a leading cause of miscarriage and serious birth defects in pregnant women who were infected with the virus. The MMR vaccine does NOT cause autism. Several published studies have documented that there is NO association between the MMR vaccine and developmental problems/autism. Note: The backup dose is not a "booster" per se; rather, it ensures that the small percentage of children who never got an adequate response to the initial vaccine have a second chance to be covered before they enter school (the age with the highest risk of contracting these viral infections.)</p>	<p>Primary: 12-15 mo. Backup: before school</p>
<p><u><b>Menactra</b></u></p>	<p>Meningococcal meningitis is the leading cause of bacterial meningitis in adolescents and young adults. Meningococcal meningitis is often sporadic, but it spreads rapidly in situations where teens and young adults live in close quarters, such as dorm rooms. In the past, the polysaccharide vaccine was recommended for college-bound teens. The new conjugate vaccine is recommended for all children at their 11-12 year old check ups, and offers protection for at least 10 years.</p>	<p>11+ years</p>
<p><u><b>Pneumococcal (Prevnar)</b></u></p>	<p>Protects against invasive Pneumococcal disease (serious bloodstream infections, meningitis, deep skin infections, etc.) Because the HIB vaccine was so effective, scientists decided to develop a vaccine against <i>Streptococcus pneumoniae</i>, which is the second leading cause of bacterial meningitis in young children. By immunizing your child with both the HIB and Prevnar, you are preventing about 93% of cases of bacterial meningitis in your child. As a side bonus, it has been found that Prevnar also reduces the numbers of cases of ear infections and sinus infections in children. (This does not prevent all cases of ear infections/sinus infections, but reduces the number of infections caused by this particular bacteria.) Do not confuse <i>Streptococcus pneumoniae</i> with "strep throat," which is caused by group A streptococcus and will not be prevented with this vaccine.</p>	<p>Primary: 2, 4, 6 mo. Booster: 15 mo.</p>

## Immunizations 101

<u>Rotavirus</u>	Rotavirus is the most common cause of severe gastroenteritis in infants and young children worldwide and results in a large number of ER visits, hospitalizations and up to 60 deaths per year in the US. The CDC and AAP have recommended routine immunization of infants with the oral rotavirus vaccine. This is an especially important vaccine for infants who are in daycare or have older siblings.	2, 4, 6 mo.
<u>Varicella</u>	Varicella is commonly called chickenpox. Scientists began looking at a vaccine to prevent chickenpox for 3 reasons: (1) About 12,000 people are hospitalized and 100 people die each year in the United States as a result of chickenpox; (2) millions of dollars are lost each year by families who need to stay home from work for 7-10 days because of chickenpox illness in themselves or need to care for an infected family member; and (3) newly emerging resistant bacteria are beginning to account for a lot of secondary infections in people with chickenpox, which are becoming more difficult and in some cases impossible to treat. The CDC and the AAP have now recommended a second dose of Varicella vaccine be given to all children who have only received one dose of the vaccine. This will routinely be given along with the second dose of MMR, and if available, can be given as the combination vaccine Proquad (MMRV).	12 mo. 5 years