

Menactra

Menomune, the old polysaccharide meningococcal vaccine which was given to college-bound teens, has been replaced by **Menactra**, a conjugate vaccine to prevent most of the common strains of meningococcal disease (serious bloodstream infections and meningitis.) The American Academy of Pediatrics (AAP) and Centers for Disease Control (CDC) have now recommended Menactra be given routinely at the 11-12 year-old check up. Any patient who is older than 2 years and has not yet received Menactra can do so at any time.

Tdap

The CDC and AAP have recommended that the **Td booster**, which used to be given at the 10-year-old checkup (and to adults as "tetanus boosters") be replaced with the **Tdap** vaccine, beginning at age 11 years. This vaccine also contains protection from pertussis. Adolescents have comprised an increasing proportion of pertussis (whooping cough) cases since the 1980s, which is attempting to make a worldwide comeback. **Tdap** is approved for patients age 11 years and older. If you are a parent and haven't received a tetanus booster in the last 5-10 years, you should discuss this with your doctor. There will still be a limited role for the traditional Td vaccine for patients who have had a prior reaction to pertussis vaccine.

Second Chickenpox Shot

In June of 2006, the ACIP (Advisory Committee on Immunization Practices) recommend a second dose of **varicella** (chickenpox) vaccine for children four to six years old to further improve protection against the disease. The first dose of the vaccine is routinely given at 12-15 months of age. 15-20% of children who received one dose of the vaccine are not fully protected and may develop chickenpox after coming in contact with varicella zoster virus. In addition, one dose of the vaccine may not continue to provide protection into adulthood, when chicken pox is more severe. A second dose of the vaccine provides increased protection. The ACIP also recommended that children, adolescents and adults who only received one dose of the vaccine should receive a second dose. This recommendation will be officially recognized by insurance carriers when it is published in the official MMWR (Morbidity and Mortality Weekly Report) of the CDC.

For those of you who are old enough to remember, this is similar to the original recommendations for **MMR**(measles/mumps/rubella), which was originally a one-dose vaccine when first available in the 1960s. MMR is now routinely administered at 12-15 months of age, with a second dose at age 4-6 years. This can be simplified because the varicella vaccine is now available in a combination vaccine. **MMRV** can be given as a single shot at 12-15 months of age and then prior to school entrance at 4-6 years of age.

Rotavirus

Rotavirus is the most common cause of severe gastroenteritis in infants and young children worldwide. In developing countries, rotavirus is the leading cause of childhood death. In the United States, it causes close to half a million doctor visits, 250,000 ER visits, 70,000 hospitalizations, and up to 60 deaths per year. In August 2006, the MMWR endorsed routine immunization of infants with the ORAL (this is NOT a shot) rotavirus vaccine. It has been approved for use at the 2 month, 4 month and 6 month well visits, and is limited for use in this younger age group. Northwest Pediatric Associates feels this is an especially important vaccine for children who are in daycare or have older siblings. [Click here](#) for the latest VIS on rotavirus.

Hepatitis A

Hepatitis A is a serious liver disease caused by Hepatitis A Virus. It can be caused by close contact with an individual who has the illness, or it can be spread in contaminated food or water. Historically there have been states in which Hepatitis A has been a big problem. Routine vaccination of children in those states has markedly decreased the number of cases of Hepatitis A in those areas. Not surprisingly, other states have now begun to experience most of the national cases of Hepatitis A. In addition, we have become a society of increasing mobility and travel, and Hepatitis A has long been a problem for travelers to international destinations. The CDC and AAP now recommend universal vaccination with Hepatitis A vaccine for all children 12-23 months. 2 doses of the vaccine are needed for lasting protection, which must be given at least 6 months apart. Northwest Pediatric Associates is in the process of incorporating this vaccine into its routine immunization schedule. If your child is traveling to a different state or country where Hepatitis A may be an even larger problem, please discuss this with our staff.

HPV Vaccine

The new Human Papillomavirus Vaccine is going to change gynecologic care for women. Most cervical cancers and pre-cancerous lesions are caused by HPV. The new vaccine contains 4 strains of the virus which are implicated in at least 70% of cases of cervical cancer. **33% of 14-19 year olds in the United States have evidence of high-risk human papillomavirus.** For these reasons, the ACIP recommended that this vaccine should be given to all girls at 11-12 years of age and to all females aged 13-26 who have not previously been vaccinated. HPV often has NO symptoms, and it isn't until a woman has an abnormal PAP smear that she realizes she is infected with the virus. The vaccine works best if given before initiation of sexual behavior. It is a series of 3 vaccines that can be given to girls as young as age 9 years.

Please call your insurance company if you are interested in having your daughter vaccinated. For more information, see the [CDC fact sheet](#).