



# Integrative Pediatrics, LLC

Safe passage in a changing world.

## Vaccinations at Integrative Pediatrics

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*It is our goal to guide you in the complex decisions involved with vaccinations. The goal is to protect against the common serious illnesses that still occur in the community and to minimize the amount of toxins injected.*

The AAP and CDC put out the following recommended vaccine schedule:

Birth: Hep B

2 mo: Hib, Prevnar, Dtap, Rotavirus, IPV, Hep B

4 mo: Hib, Prevnar, Dtap, Rotavirus, IPV

6 mo: Hib, Prevnar, Dtap, Rotavirus, Flu, Hep B

1 yr: MMR, Chickenpox, Hep A, Hib, Prevnar

18 mo: Dtap, IPV, Hep A, flu

2 yr: Flu

3 yr: Flu

4 yr: Dtap, IPV, MMR, Flu, Chickenpox

10-12 yr: Tdap, Menactra, HPV (3 doses girls only)

Parents who want to modify the recommended schedule might consider the following:

Birth: nothing

2 week – **Doctor Visit** (PKU heel poke)

2 mo: Hib, Dtap – **Doctor Visit**

3 mo: Prevnar

4mo: Hib, Dtap – **Doctor Visit**

5 mo: Prevnar

6 mo: Hib, Dtap – **Doctor Visit**

7 mo: Prevnar, IPV #1

9 mo. - IPV #2 - **Doctor Visit** (lead ck.)

1 yr: Hib, Prevnar – **Doctor Visit**

18 mo: Dtap, IPV – **Doctor Visit**

2 yr: consider Hep A, (IPV if behind)  
**Doctor Visit**

3 yr: Hep A, consider MMR (IPV if behind)  
**Doctor Visit**

4 yr: Dtap, IPV (consider Varicella before school)– **Doctor Visit**

5 yrs. & up (every 2 yrs.) – **Doctor Visit**

4-6 yr: consider catching up on shots

10-12 yr: Tdap – **Doctor Visit**

Please discuss your vaccine plans with your provider at each Well Child visit

Parents who wish to vaccinate differently from the standard recommended schedule are asked to sign a “refusal to vaccinate” form.

Oregon allows parents to claim “religious exemption” on their child’s immunization school form which for purposes of immunizations is defined as “any system of beliefs, practices or ethical values”.

Dr. Thomas recommends reading Robert Sears book “The Vaccine Book”.

If your child will travel to Africa, Asia, India, Pakistan or Afghanistan, the IPV (polio) should be given at 3, 5 and 7 months when the DTaP is done. It is safe to give the IPV vaccine at the same time as the DTaP.

If you are travelling to a part of the world where measles is prevalent, giving the MMR should be considered. The Varicella (chickenpox) vaccine can be given if you don’t want your child to get natural chickenpox. Consider the Hep A if traveling out of the USA.

## **CONSIDERATIONS:**

1. **Aluminum** containing vaccines: DTaP, Hep B, Hep A, Prevnar, PedVax Hib, HPV, Pentacel, Pediarix. (only give one at a time)
2. **Whooping cough** (Pertussis) can be fatal for infants and there are hundreds of cases in the Portland area each year.
3. **Hib** and **Prevnar (Pc)** prevent meningitis and these bacteria are still around perhaps in the nose and throat of parents or other care givers.
4. Natural immunity protection from mom’s antibodies is largely gone by 4 – 6 months of age.
5. If we were to have a **Measles** epidemic the fatality from measles has been reported to be 1 in 2000. If your child has not received the MMR, and we have a local case, come in to get the vaccine.
6. **Hepatitis B** is contracted from an infected mom, or from sex and IV drug use. For most babies the risk of waiting until school age is miniscule
7. **Hepatitis A** infections tend to be mild in children. Given that this vaccine has aluminum there is some logic in waiting until age 2 or 3 before starting.
8. **Rotavirus**: “safety has not been established in infants greater than 32 weeks of age”. The greatest risk of not giving the Rotavirus vaccine is hospitalization for dehydration and the child would receive IV fluids. If you are ok with this risk it may be reasonable not to give this vaccine.
9. **Flu Vaccine**: flu shots are generally recommended especially for those with infants under 6 months of age in the home, and if the child is in daycare or school age.
10. **Polio (IPV)**: Get 2 doses before travel out of the country.
11. **HPV & Menactra**: Consider starting at age 11-14
12. **Chicken Pox (Varicella)**: Give anytime after on year of age if it is important to you that you child not get chicken pox. Consider in teen years if unvaccinated child still hasn’t contracted chicken pox disease.