Vaccination Guidance

Please see the following link for the full recommendation from the CDC

I. Infant and Toddler (ages 2 months to preschool)

- The following vaccines are generally recommended by the CDC for infants starting at age 2 months:
    1. Dtap (Diphtheria/Tetanus/Pertussis)
    2. Polio
    3. HiB (haemophilus influenzae)
    4. PCV13 (Pneumococcus)
        - Dtap, Polio, Hib and PCV are given at two month intervals, which is important to follow for optimal immunity.
        - Diphtheria and Tetanus are “toxoid vaccines,” meaning that you are receiving just the toxin that those infections make.
        - Polio is an “inactivated vaccine” meaning that the virus has been killed.
        - Hib, PCV, and Pertussis are “subunit vaccines" meaning that you are receiving the “protein coat” of the virus or bacterium to train your immune system to recognize the illness.
        - Tetanus is a common exposure in childhood; treatment for high risk exposures in unvaccinated children requires tetanus immunoglobulin, a product made from donated blood, is expensive and carries potential risks.
        - Hib and PCV vaccination significantly reduce the risk of hospitalization with pneumonia for young children. Additionally, Haemophilus and Pneumococcus bacteria are common causes of severe ear infections, vaccination helps reduce the use of antibiotics.
        - Vaccination for Hepatitis A & B, as well as Rotavirus are considered on a case-by-case basis; however, the overall exposure risk is very low on the Palouse *(Please discuss with your provider)*.

- The following vaccine boosters are generally recommended by the CDC for toddlers starting at 1 year of age:
    1. MMR (Measles/Mumps/Rubella)
    2. Varicella ("Chicken Pox")
        - MMR and Varicella are "Live-attenuated" vaccines, meaning that a person is inoculated with a weakened version of the virus. Live-attenuated vaccines typically induced a stronger immune response, and several days of fevers and malaise should be expected. Tylenol can be given to improve tolerance.
        - MMR and Varicella are *only available as vaccines made from Embryonic Stem Cells (Please see link)
        - Measles is a highly contagious virus; most people that contact measles have a flu-like illness with a classic rash, prolonged fever and malaise (7-10 days), and moderate conjunctivitis/tonsillitis. Measles, however, can be a severe illness, with rare but devastating consequences, particularly for very young children and pregnant women.

II. School-Aged Children (ages 4-18)

- The following vaccine boosters are generally recommended by the CDC before starting Kindergarten (ages 4-6):
    1. Dtap: (Diphtheria/Tetanus/Pertussis)
    2. Polio
    3. MMR: (Measles/Mumps/Rubella)
    4. Varicella: ("Chicken Pox")
- The following vaccines are generally recommended by the CDC before starting 6th grade (ages 11-12):
    1. Meningococcus (Menactra):
    2. HPV

- MMR and Varicella are only available as vaccines made from Fetal Stem Cells (Please see below)
- HPV (Human papillomavirus) is a sexually transmitted virus. People who have no sexual exposures and who are monogamous are very low risk for HPV. SFM providers do not routinely advise but may consider HPV vaccination on a case-by-case basis.

III. Vaccine Adjuvants and Preservatives (Information forthcoming!)

IV. Vaccination and Fetal Stem Cells
    - Please see the following link for Vaccination and Fetal Stem Cells resource.

Parents are encouraged to be well informed, both on the risks and benefits of vaccination, particularly if choosing to forgo vaccination.

Idaho allows parents to sign an Exemption Form (on Medical, Religious, or Philosophical basis). This form does *not require a physician signature.