

Vaccinations

What You Should Expect From Us

- To inform you which vaccines are safe for you to receive
- To work with your primary doctor to be sure that you have received all your vaccines
- To let you know if any new vaccines are needed

What We Expect From You

- To keep your vaccines up to date, including your yearly flu vaccine(s)
- To keep track of your vaccines. Your primary doctor should have a list of these since most of them are received during childhood
- Ask questions

Why This is Important

Children with inflammatory bowel disease (IBD) should receive their vaccines on the same schedule as other children with a few important differences. If your child has IBD and is not taking any immunosuppressant medicines, then there are no restrictions placed on receiving vaccinations. However, there are certain immunomodulator and biologic medications used to treat IBD which would require you to alter the vaccine schedule. It may be even more important for children with IBD to be fully vaccinated in order to prevent infection as infections can sometimes lead to flare-ups of IBD.

Medications and Vaccines:

Medicines used to treat IBD such as corticosteroids (e.g. prednisone), 6-mercaptopurine (e.g. 6MP, Purinethol®), azathioprine (e.g. Imuran® and Azasan®), cyclosporine, methotrexate, infliximab (Remicade®) and adalimumab (Humira®) all suppress the immune system.

The immune system is the body's way of fighting disease. It does this by forming antibodies (disease fighting cells) to specific bacteria and viruses when they cause an infection. When a vaccine is given, the immune system forms antibodies in the same way. If the immune system is suppressed it may not form enough antibodies after a vaccine is given to fight off a disease. If this is a concern your child's doctor can draw blood and measure the antibody levels to a certain disease.

Live virus vaccines, such as the nasal flu-mist and the chickenpox vaccine, should be avoided by children taking immunosuppressant medications and their families. Live virus vaccines do not cause disease in people with healthy immune systems, but when the immune system is suppressed they can actually cause the disease that they are trying to prevent. People who are in close contact with someone whose immune system is suppressed can also pass on a disease to them after being vaccinated with a live virus vaccine. Therefore, always tell the doctor that your child is taking immunosuppressive medicines before any vaccine is administered to your child or other family members.

For more information, please discuss this with your doctor or visit the National Immunization Program website at www.cdc.gov/nip.

Vaccine Tracker

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose			3 rd dose											
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)		1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ³ (DTaP; <7 yrs)		1 st dose	2 nd dose	3 rd dose				4 th dose				5 th dose				
Tetanus, diphtheria, & acellular pertussis ³ (Tdap; ≥7 yrs)													(Tdap)			
Haemophilus influenzae type b ⁴ (Hib)		1 st dose	2 nd dose	See footnote 5			3 rd or 4 th dose	See footnote 5								
Pneumococcal conjugate ⁶ (PCV13)		1 st dose	2 nd dose	3 rd dose			4 th dose									
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV; <18 yrs)		1 st dose	2 nd dose		3 rd dose							4 th dose				
Influenza ⁸ (IV; LAIV) 2 doses for some: See footnote 8					Annual vaccination (IV only) 1 or 2 doses					Annual vaccination (LAIV or IV) 1 or 2 doses			Annual vaccination (LAIV or IV) 1 dose only			
Measles, mumps, rubella ⁹ (MMR)					See footnote 9		1 st dose					2 nd dose				
Varicella ¹⁰ (VAR)							1 st dose					2 nd dose				
Hepatitis A ¹¹ (HepA)							2-dose series, See footnote 11									
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal ¹³ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)					See footnote 13									1 st dose		Booster

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
Not routinely recommended

Vaccine Record Form

Immunizations and Developmental Milestones for Your Child from Birth Through 6 Years Old

Child's Name _____ Birth Date _____

	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	
Recommended Immunizations	Hepatitis B	<input type="checkbox"/> HepB	<input type="checkbox"/> HepB ¹		<input type="checkbox"/> HepB	
	Rotavirus			<input type="checkbox"/> RV	<input type="checkbox"/> RV	
	Diphtheria, Tetanus, Pertussis			<input type="checkbox"/> DTaP	<input type="checkbox"/> DTaP	
	Haemophilus influenzae type b			<input type="checkbox"/> Hib	<input type="checkbox"/> Hib	
	Pneumococcal			<input type="checkbox"/> PCV	<input type="checkbox"/> PCV	
	Inactivated Poliovirus			<input type="checkbox"/> IPV	<input type="checkbox"/> IPV	
Influenza					<input type="checkbox"/> Influenza (1st dose) <input type="checkbox"/> (second dose)	
Milestones*	Milestones should be achieved by the end of the age indicated. Talk to your child's doctor about age-appropriate milestones if your child was born prematurely.	<input type="checkbox"/> Recognizes caregiver's voice <input type="checkbox"/> Turns head toward breast or bottle <input type="checkbox"/> Communicates through body language, fussing or crying	<input type="checkbox"/> Starts to smile <input type="checkbox"/> Raises head when on tummy <input type="checkbox"/> Calms down when rocked, soothed or sung to	<input type="checkbox"/> Begins to smile at people <input type="checkbox"/> Coos, makes gurgling sounds <input type="checkbox"/> Begins to follow things with eyes <input type="checkbox"/> Can hold head up	<input type="checkbox"/> Babbles with expression <input type="checkbox"/> Likes to play with people <input type="checkbox"/> Reaches for toy with one hand <input type="checkbox"/> Brings hands to mouth	<input type="checkbox"/> Knows familiar faces <input type="checkbox"/> Responds to own name <input type="checkbox"/> Brings things to mouth <input type="checkbox"/> Rolls over in both directions
	Growth	At each well child visit, enter data, length, weight and percentile information to keep track of your child's progress.	WEIGHT / PERCENTILE	WEIGHT / PERCENTILE	WEIGHT / PERCENTILE	WEIGHT / PERCENTILE
LENGTH / PERCENTILE		LENGTH / PERCENTILE	LENGTH / PERCENTILE	LENGTH / PERCENTILE	LENGTH / PERCENTILE	
HEAD CIRCUMFERENCE		HEAD CIRCUMFERENCE	HEAD CIRCUMFERENCE	HEAD CIRCUMFERENCE	HEAD CIRCUMFERENCE	

Shaded boxes indicate the vaccine can be given during shown age range.

VISIT DATE _____ VISIT DATE _____ VISIT DATE _____ VISIT DATE _____ VISIT DATE _____