

WHEN INDIVIDUAL DOCTORS MAKE THEIR OWN IMMUNIZATION SCHEDULES:

WHAT YOU SHOULD KNOW

Several years ago, some physicians began publishing their own immunization schedules. These alternative schedules were offered in place of the recommended immunization schedule approved by their own professional organization, the American Academy of Pediatrics (AAP), as well as the Centers for Disease Control and Prevention (CDC), American Academy of Family Physicians (AAFP), and American College of Obstetricians and Gynecologists (ACOG). Parents concerned about vaccine safety often view these individual schedules as a way of protecting their children with vaccines while decreasing the chance for untoward outcomes. So, why should these alternative schedules be approached with caution?

THE RECOMMENDED VACCINE SCHEDULE IS A SCIENTIFIC DOCUMENT

Doctors promoting alternative schedules often point to their years of experience treating patients as well as their association with the AAP, or other professional organizations, to signal authority. But, the recommended immunization schedule is built on evidence compiled from thousands of scientific studies and reviewed, discussed, and created with input from hundreds of experts. Because science is a collaborative effort, no individual can, or should, devise a singular recommendation for any medical intervention in the absence of review by colleagues and experts with diverse scientific backgrounds; with regard to vaccines, these fields of expertise include statistics, epidemiology, microbiology, virology, and molecular biology. Therefore, any schedule produced by a single individual, or handful of cherry-picked colleagues, should arouse concern. As a parent looking to make the best decisions for your child, keep in mind that one provider's version of the schedule does not provide the most informed — or best tested — option.

BUT THE "ALTERNATIVE" VERSION ADDRESSES MY CONCERNS

One reason "alternative" schedules are appealing is that the authors speak to a parents' own concerns. Too many vaccines, vaccine ingredients, autism, and fear of chronic diseases are all vaccine safety concerns mentioned by some parents. While it is reasonable to ask questions, these particular questions have all been studied scientifically and found not to be a reason to offer a different vaccination schedule. Children are not being hurt by vaccines given according to the recommended immunization schedule. Providers who disregard the scientific data or elevate their personal opinions or "experiences" above the data are dangerous to the children in their care. Further, they are positioning themselves as knowing more than the vast majority of their colleagues. While a provider who agrees with a parent's concerns may seem like a good fit for your family and offer validation and comfort during an emotional time, a parent should question why someone is in disagreement with the mountain of scientific evidence that led to a particular recommendation. Proceed with caution. Science is the only way we have of knowing things; you don't want someone taking care of your children who has a complete disregard for peer-reviewed, scientific data.



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WARNING SIGNALS AND MISINFORMATION

When considering these alternative schedules, parents should be aware of the following statements as “red flags:”

- **Some vaccines are not necessary** – Often alternative schedules suggest forgoing certain vaccines because there is not a need for them. While it is true that many of the diseases on the schedule are not regularly transmitted in our communities, the reality is that vaccines have brought us to this point and without vaccines, the diseases are likely to reappear – quickly.

Providers who suggest skipping vaccines when there is not a valid medical reason for doing so are doing two things. First, they are suggesting that your child is more important than other children in the community by allowing your child to benefit from the insular immunity created within a highly vaccinated community. While we all believe our own children are the most important, do you really want your child being cared for by a doctor who decides which children in the community are more important? Second, they are encouraging gambling with your child’s health. In the same way that we don’t know if our children will be in a car accident, we don’t know if they will be exposed to one of these diseases. Seatbelts and vaccines offer parents a safety net that providers would be irresponsible to talk them out of using.
- **Some vaccines should be delayed or separated because of certain ingredients** – Schedules that suggest delaying or separating vaccines because of concerns about ingredients, such as aluminum, should generate questions when reviewing them. On one hand, it sounds innocuous enough to delay or spread out vaccines to address a concern about a particular ingredient, but the reality is this approach is not based on scientific evidence and should be seen for what it is – fearmongering. The timing of the recommended schedule takes into account the degradation of antibodies acquired from the mother prior to delivery or during breastfeeding, maturation of the immune system, susceptibility to the disease, and effectiveness and dosing of the vaccine. And vaccines on the schedule have been tested in their final formulations (that include these ingredients) and with other vaccines given at the same time.

By addressing concerns with a non-scientific approach such as delaying or separating vaccines, providers with alternative schedules are appealing to unfounded fears while putting their patients at unnecessary risk.
- **Vaccines are not well tested** – This is perhaps the most ironic statement made by providers offering alternative schedules. No vaccine is licensed in this country before decades of scientific studies involving thousands, if not tens of thousands, of study participants and review of the data by hundreds of experts. Yet, individual doctors sitting at their desks making their own versions of the vaccine schedule find it reasonable to tell parents that vaccines are not well tested.

One physician offering an alternative schedule suggested, “. . . there is rarely any long-term safety testing done on these vaccines. We the population, become the long-term experiment.” This kind of statement suggests that the population is considered a group of test subjects. To working scientists, this statement is appalling. Scientists value the responsibility that is inherent in making a product that does not cause harm, and they are ethically-bound and overseen by committees of their colleagues, known as Institutional Review Boards (IRB), as well as federal regulatory bodies, such as the Food and Drug Administration (FDA), before any human subject testing can be pursued. So, while it is true that vaccines continue to be monitored after they are licensed and populations of vaccine recipients are followed, this post-licensure surveillance is but a safety net to monitor for adverse events that may be so infrequent that they are only seen at the population level. Only people who have never done any scientific research would be bold enough to suggest this while offering their own personal versions of the vaccine schedule.

Parents have to discern who has their children’s best interests at heart. When choosing a healthcare provider, don’t allow a person who speaks to all of your fears and promotes “his own way of doing things” to fool you – anti-vaccine and anti-science doctors exist too even if that is not what they call themselves. Sadly, they are in a position to do your child, your family and your community harm.

This information is provided by the Vaccine Education Center at Children’s Hospital of Philadelphia. The Center is an educational resource for parents and healthcare professionals and is composed of scientists, physicians, mothers and fathers who are devoted to the study and prevention of infectious diseases. The Vaccine Education Center is funded by endowed chairs from Children’s Hospital of Philadelphia. The Center does not receive support from pharmaceutical companies. ©2017 Children’s Hospital of Philadelphia, All Rights Reserved. 17025-10-17