

Pediatric Associates of Western CT VACCINE POLICY

PEDIATRIC ASSOCIATES OF WESTERN CT has carefully reviewed our approach to vaccinations in our practice. There are several factors that we feel have a bearing on this vaccine policy. Our practice wants to ensure all of our patients, as well as the community at large, are as healthy as possible. One of the most important public health advancements has been the development of vaccinations. Because of vaccines, many diseases have been eliminated or have become uncommon. Scientific research has consistently and overwhelmingly shown that vaccines are not only effective but also safe. We recommend that all children be vaccinated to prevent them from vaccine preventable illnesses. To not have a child vaccinated not only puts that child at risk, but everyone with whom he or she comes into contact. That includes family members, classmates, and other children in our waiting room.

With these issues in mind, the following is our vaccine policy:

PEDIATRIC ASSOCIATES OF WESTERN CT follow the recommended schedule of the American Academy of Pediatrics (AAP) and recommends our patients receive those vaccines, required by Connecticut schools. Although we strongly urge patients receive all vaccines recommended by the AAP, currently HPV (Gardasil), Influenza vaccine, and COVID vaccines are NOT required by Connecticut schools. We strive to provide the best care possible for our patients and their families. We respect the rights of all parents/guardians to make decisions and understand that you also want what is best for your children. We firmly believe in the effectiveness of vaccines to prevent illness and to save lives. Based on all available literature, evidence and current studies, we do NOT believe that vaccines cause autism or other developmental disabilities. Furthermore, the thimerosal preservative, has never been shown to cause autism or other developmental disabilities, and none of the vaccines we use contain thimerosal.

We want to assure you that vaccines are safer today than they have ever been and that it is safe to give multiple or combination vaccines at the same office visit. This is because the reactivity of the individual vaccines is a tiny fraction of what a child's immune system would be faced with if it were exposed to the actual diseases.

We firmly believe that much of the protection of vaccines comes from herd immunity. Most vaccines produce immunity in 90-95% of children. The remaining 5-10% who do not produce immunity are protected by herd immunity, meaning that a highly vaccinated population limits the spread of most infections. As more people choose not to vaccinate, herd immunity will become absent. Now more than ever, it is important for you to vaccinate your child to protect them from waning herd immunity.

Our policy is written to emphasize the importance of vaccinating children. We recognize that the choice may be a very emotional one for some parents. We will do everything we can to provide education and information that vaccinating according to the schedule is the appropriate thing to do. For those parents who would like to split up their vaccines, we have agreed as a practice to work with families to create a schedule that meets your needs.

If despite our recommendations you are planning to not vaccinate your child at all, we will ask you to find another health care provider who shares your views. We do not keep a list of such providers, nor would we recommend any such providers. Please recognize that by not vaccinating, you are putting your child at unnecessary risk for life-threatening illness and disability, even death.

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and adolescents. We want your trust and will work to earn it. Thank you for your time in reading this policy and please feel free to discuss any questions or concerns you may have about vaccines with any one of us. By signing below, you agree and acknowledge compliance with this policy.

Print Patient Name: _____

Date: _____

Print Parent/Guardian Name: _____

Signature: _____

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