



Vacunas

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Immunisation schedule of the Spanish Association of Paediatrics: 2017 recommendations[☆]



F. Alvarez García

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ABSTRACT

The Vaccine Advisory Committee of the Spanish Paediatrics Association (CAV-AEP) annually publishes the immunisation schedule which, in our opinion, is optimal for children resident in Spain, considering the evidence available on current vaccines. Pneumococcal and varicella immunisation in early childhood is already included in all of the funded vaccines present in the regional immunisation programmes. Furthermore, this Committee establishes recommendations about vaccines not included in official calendars (non-funded immunisations) such as like rotavirus, meningococcal B, and meningococcal ACWY.

As regards funded immunisations, the 2 + 1 strategy (2, 4, 11–12 months) with hexavalent (DTPa-IPV-Hib-HB), and 13-valent pneumococcal vaccines are recommended.

Administration of the 6-year booster dose with DTPa is recommended, and a poliomyelitis dose for children who had received the 2 + 1 scheme, as well as Tdap vaccine for adolescents and pregnant women between 27 and 32 weeks' gestation.

The two-dose scheme should be used for MMR (12 months and 2–4 years) and varicella (15 months and 2–4 years).

Coverage of human papillomavirus vaccination in girls aged 12 with a two dose scheme (0, 6 months) should be improved. Information and recommendation for male adolescents about potential beneficial effects of this immunisation should also be provided.

Meningococcal ACWY vaccine is the optimal choice in adolescents.

As regards the recommended unfunded immunisations, the CAV-AEP recommends the administration of meningococcal B vaccine, due to the current availability in Spanish community pharmacies, with a 3 + 1 scheme. The CAV-AEP requests the incorporation of this vaccine into the funded unified schedule. Vaccination against rotavirus is recommended in all infants.

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E-mail address: pacogarcia1959@yahoo.es

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Calendario de vacunaciones de la Asociación Española de Pediatría: recomendaciones 2017

R E S U M E N

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El CAV-AEP actualiza anualmente el calendario de vacunaciones sistemáticas que estima idóneo para los niños residentes en España, teniendo en cuenta la evidencia disponible sobre vacunas. Sus recomendaciones se publican en *Anales de Pediatría*, el órgano de expresión de la AEP. Además, el comité realiza recomendaciones sobre vacunas no incluidas en los calendarios oficiales (no financiadas), como rotavirus, meningococo B y meningococo tetravalente.

En cuanto a las vacunas financiadas, se sigue recomendando emplear esquemas 2 + 1 (2, 4 y 11-12 meses) con las vacunas hexavalentes y con la antineumocócica conjugada 13-valente.

Se aconseja un refuerzo a los 6 años preferentemente con DTPa, junto a una dosis de polio para aquellos que recibieron esquemas 2 + 1, así como vacunación con Tdpa en adolescentes y durante el embarazo entre las semanas 27 y 32.

Se emplearán esquemas de dos dosis para triple vírica (12 meses y 2-4 años) y varicela (15 meses y 2-4 años).

Se deben incrementar las coberturas frente al papilomavirus en niñas de 12 años con dos dosis (0-6 meses), así como informar a los varones de los beneficios potenciales de la vacunación y valorar la recomendación del preparado tetravalente.

En adolescentes, la opción óptima es la vacuna antimeningocócica tetravalente.

Respecto a las vacunas recomendadas no financiadas, dada su disponibilidad en las farmacias comunitarias, se recomienda la vacuna frente al meningococo B, con esquema 3 + 1, solicitando su entrada en el calendario. Es recomendable vacunar a todos los lactantes frente al rotavirus.

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Introduction

The Vaccine Advisory Committee of the Spanish Paediatrics Association (CAV-AEP) updates its vaccination schedule annually, taking the available evidence into account, to recommend the vaccinations it consider to be the most suitable for children resident in Spain. Its recommendations are published in the journal *Anales de Pediatría*, which is the mouthpiece of the Spanish Paediatrics Association (Asociación Española de Pediatría, AEP), accessible in 2017 at <https://doi.org/10.1016/j.anpedi.2016.10.009>.

Given the indubitable interest in the new schedule, it is reproduced here to increase awareness of it and favour good paediatric vaccination praxis in Spain.

The main changes to the recommendations by this committee made last year remain, as may be seen in Fig. 1, and only minor changes have been added. It is recommended that the broader revision of these changes at www.vacunasaep.org be read. On the other hand, the recommendation for special situations and groups at risk has been eliminated from this document and may be consulted at the same website.

The AEP is pleased by the ministerial decision to introduce vaccines against chicken pox and pneumococcus in the schedules of the autonomous communities,¹ as this will prevent a large number of cases of these diseases and their complications. It is also important that chicken pox and meningococcal B vaccines are now available in community pharmacies, as well as both of the rotavirus vaccines that are commercialised.

Due to the lack of whooping cough vaccines and with the aim of optimising the vaccination schedule, adapting it to current epidemiological conditions and increasing its effectiveness while moving towards harmonisation with European vaccination schedules, the CAV-AEP keeps the pattern of 2 + 1 hexavalent vaccinations.

It would be desirable for scientific associations to be taken into account in decision-making, as well as a greater collective economic effort by the autonomous communities and the Ministry, as this would make it possible to finance a more complete and systematic schedule. Alternative means of helping families with vaccinations not covered by financing should be sought, as is the case with commonly used medicines.

To prevent the re-emergence of vaccine preventable diseases it is necessary to continue vaccinating all children, working hard to keep high levels of coverage and persuading parents who reject vaccination.

Hepatitis B vaccination

2017 recommendation. It is recommended that babies who are under the age of 2-years-old be vaccinated in 3 doses of hexavalent vaccine, at 2, 4 and 11–12 months. Schedules of 4 doses are acceptable in the vaccination of young babies when a neonatal vaccination is included. In unvaccinated older children or adolescents, 3 doses of single component vaccine are administered, or it may be combined with hepatitis A vaccine at 0, 1 and 6 months.

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