



SPANISH ASSOCIATION OF PAEDIATRICS

Immunisation schedule of the Spanish Association of Paediatrics: 2015 Recommendations[☆]



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Abstract The Advisory Committee on Vaccines of the Spanish Association of Paediatrics updates the immunisation schedule every year, taking into account epidemiological data as well as evidence on the safety, effectiveness and efficiency of current vaccines, including levels of recommendation. In our opinion, this is the optimal vaccination calendar for all children resident in Spain.

Regarding the vaccines included in the official unified immunization schedule, the Committee emphasizes the administration of the first dose of hepatitis B either at birth or at 2 months of life; recommends the first dose of MMR and varicella vaccine at the age of 12 months, with the second dose at the age of 2–3 years; DTaP or Tdap vaccine at the age of 6 years, followed by another Tdap booster dose at 11–12 years; Tdap strategies for pregnant women and household contacts of the newborn, and immunization against human papillomavirus in girls aged 11–12 years with a 2-dose scheme (0, 6 months).

The Committee reasserts its recommendation to include vaccination against pneumococcal disease in the routine immunisation schedule, the same as that conducted in Western European countries.

The recently authorised meningococcal B vaccine, currently blocked in Spain, exhibits the profile of a universal vaccine. The Committee insists on the need to have the vaccine available in community pharmacies.

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[◇] The members of Comité Asesor de Vacunas de la Asociación Española de Pediatría are presented in [Appendix 1](#).

PALABRAS CLAVE

Vacunas;
 Calendario de
 vacunación;
 Enfermedades
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 Niños

It has also proposed the free availability of varicella vaccines. Their effectiveness and safety have been confirmed when they are administered from the second year of life. Vaccination against rotavirus is recommended in all infants. The Committee stresses the need to vaccinate population groups considered at risk against influenza and hepatitis A.

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Calendario de vacunaciones de la Asociación Española de Pediatría: recomendaciones 2015

Resumen El Comité Asesor de Vacunas de la Asociación Española de Pediatría actualiza anualmente su calendario de vacunaciones, tras un análisis tanto epidemiológico como de la seguridad, efectividad y eficiencia de las vacunas actuales, incluyendo grados de recomendación. Es el calendario que se estima idóneo actualmente para los niños residentes en España.

En cuanto a las vacunas oficiales incluidas en el calendario común, se recalca la posibilidad de vacunar indistintamente frente a hepatitis B desde el nacimiento o desde los 2 meses; la recomendación de la primera dosis de triple vírica y de varicela a los 12 meses y la segunda a los 2-3 años; la administración de la vacuna DTPa o Tdpa a los 6 años, con refuerzo en la adolescencia; estrategias con Tdpa en embarazadas y convivientes del recién nacido, y la inmunización frente al papilomavirus en niñas a los 11-12 años con pauta de 2 dosis (0, 6 meses).

Este comité insiste en la vacunación antineumocócica universal, tal y como se está llevando a cabo en todos los países de Europa Occidental.

La vacuna frente al meningococo B, autorizada pero bloqueada actualmente en España, presenta un perfil de vacuna sistemática y se reivindica que, al menos, esté disponible en las farmacias comunitarias.

Se propone, igualmente, la disponibilidad pública de las vacunas frente a la varicela, ya que han demostrado ser efectivas y seguras a partir del segundo año de vida. La vacunación frente al rotavirus es recomendable en todos los lactantes. La vacunación antigripal anual y la inmunización frente a la hepatitis A están indicadas en grupos de riesgo.

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Introduction

The Advisory Committee on Vaccines of the Spanish Association of Paediatrics (CAV-AEP) updates the immunisation schedule every year, taking into account current evidence to propose the vaccine schedule that it considers most appropriate for children residing in Spain.

We present different grades of recommendation for the different vaccines in order to establish priority levels. They are explained in Fig. 1, which shows the schedule proposed by this Committee for 2015.

The Ministry of Health, Social Services, and Equality (Ministerio de Sanidad, Servicios Sociales e Igualdad [MSSSI]) has proposed a minimal nationwide routine immunisation schedule that in many regards is based on economic criteria rather than the scientific literature or the recommendations of its own health experts. Health professionals disagree with this schedule, and its implementation is facing problems in every autonomous community (AC). It does not adhere to the current recommendations of many official institutions and scientific associations (SAs), including the AEP, to vaccinate children younger than 5 years against pneumococcus or young children against varicella; to vaccinate against human papillomavirus at 11–12 years of age;

to allow vaccination against hepatitis B starting either at birth or at 2 months of age; or to vaccinate adolescents against pertussis and promote immunopreventive strategies in pregnant women and household contacts of newborns.

The opinion of SAs should be taken into account in the decision-making process, and the MSSSI and the governments of the ACs should make a greater economic effort to fund a more comprehensive routine immunisation schedule for Spanish children, as opposed to a minimal one.

Another pressing issue is that the Spanish Agency of Medicines and Health Products (Agencia Española de Medicamentos y Productos Sanitarios [AEMPS]) is progressively blocking the use of some vaccines, such as the vaccine against rotavirus (Rotarix®), both vaccines against varicella (Varilrix® and Varivax®) and more recently the meningococcal group B vaccine (Bexsero®). All of them have been blocked without justification (the varicella and meningococcal group B vaccines have been restricted to ‘‘hospital-use only’’), and Spain is the sole country in the world where these vaccines cannot be freely acquired in community pharmacies. This committee calls for the unrestricted availability

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