

Immunization Schedule Minimizing Use of Abortion-Related Cell Lines¹

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Age	Immunizations
Newborn	<ul style="list-style-type: none">● Hep B.²
2 Months	<ul style="list-style-type: none">● Rotavirus (oral)● DtaP● Hep B● IPV⁴● PCV● Hib⁵ <p>Combination: Pediarix³</p>
4 Months	<ul style="list-style-type: none">● Rotavirus● DtaP● Hep B● IPV● PCV● Hib <p>Pediarix</p>
6 Months	<ul style="list-style-type: none">● Rotavirus● DtaP● Hep B● IPV● PCV <p>Pediarix</p>
12 Months	<ul style="list-style-type: none">● MMR*● Varicella*⁶● Hep A*⁷

¹ This vaccine schedule adheres to the CDC recommendations for immunizations. This is **not** an alternative schedule. This schedule also adheres to standard schedule for well-child checks. No more than 3 injections are given per visit. In my office (Elizabeth Abraham), if a family is concerned about shot number, I allow them to return for a “shots only” visit with my assistant, which is not billed as a physician visit.

² Hepatitis B is routinely be administered to newborns in hospital. This should be done in infants born to mothers with unknown or positive Hepatitis B status. It should also be given if followup is uncertain. If this is done, this vaccine schedule would result in an extra Hepatitis B dose being given (at 4 months). However, the overall shot number would be equal to a Pentacel*-based regimen, since a reduced number of shots could be given in the Hib series if PedvaxHib is used. Both Engerix & Recombivax are morally acceptable.

³ Two combination vaccines are on the market for reducing shot number during infancy. Pediarix combines DtaP, Hepatitis B, and IPV. Sanofi-Pasteur’s Pentacel* combines DTaP, Hib, and IPV. The polio component of IPV is grown in MRC-5, an abortion related cell line.

⁴ If polio vaccine needs to be given individually, use IPOL.

⁵ The PedvaxHib (Merck) only requires 2 months, 4 months, 15months. ActHib & Hiberix both require 2,4,6,15months. None of these are morally objectionable.

⁶ In a family very anxious about shot number, ProQuad may be offered with an informed consent discussion of increased risk of side effects, specifically fever and 0.04% increased risk of febrile seizure at 12 months old. Risk for febrile seizure at 4 years old is very low and ProQuad may be used.

<http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/mmr/vacopt-factsheet-hcp.pdf>

⁷ Hepatitis A is not required at this time (2016) in the state of Missouri for children attending school. However, Missouri was moderate risk state for Hepatitis A prior to vaccines and has become a low risk state. It is required for food handlers in Saint Louis City and Saint Louis County. I consider this “proportionate cause” to justify the use of abortion-related vaccines and recommend Hepatitis A in my Missouri practice.

15 Months	<ul style="list-style-type: none"> ● DtaP ● Hib ● PCV
18 Months	<ul style="list-style-type: none"> ● Hep A*
4 Years	<ul style="list-style-type: none"> ● MMR* — Combination: Proquad* ● Varicella* ● DtaP — Combination: Kinrix⁸ NOT quadracel ● Polio
11-18years	<ul style="list-style-type: none"> ● TdaP ● Meningococcal series ● HPV series ● Varicella(if not received booster)*

⁸ Kinrix and Quadracel are both combination vaccines for DtaP-IPV with a minimum age of 4years. Sanofi-Pasteur's polio component of Quadracel is grown in MRC-5 whereas in Kinrix, it is grown in the monkey vero cell line.

*Indicates that a vaccine or component of that vaccine was grown in an abortion related cell line. MMR, Varicella, and Hepatitis A have no ethical alternatives in the United States. Use to prevent serious communicable diseases in their individual and their spread in the community, including to vulnerable persons such as developing humans in the womb and immunosuppressed persons, constitutes a "proportionate cause" for a "very remote cooperation in evil" when no alternatives are available, per the 2005 document from the Pontifical Academy for Life on the matter of abortion related cell line use. Contacting manufacturers to develop ethical options is encouraged. A Catholic has a responsibility to use ethically developed vaccines whenever possible. For a primary care provider, the keys are (1) use a Pediarix-based regimen instead of Pentacel in infancy, (2) At 4years old, use Kinrix combo instead of Quadracel and (3) if individual polio needed, use IPOL.