



Our providers take great pride in providing excellent care for our patients. This includes detailed knowledge and understanding of the research and scientific data supporting vaccines and helping you to understand that information. We recognize that the choice to vaccinate may be very emotional for some parents, and that it is your right to make decisions regarding the vaccination of your child. However, we believe in the safety and effectiveness of vaccines to prevent serious illnesses and save lives. We also feel it is our right, as pediatricians, to practice medicine in a way that we believe follows the evidence-based recommendations regarding vaccines, as published by the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC). When choosing not to follow these recommendations, we feel we are implicitly supporting the practice of non-vaccination. We do not want to continue to encourage trends that leave children vulnerable to severe illnesses. Having mutual trust in each other is crucial as we work together to raise healthy children. Non-vaccination is not representative of our views in keeping children and our community healthy.

Effective September 10, 2024, we have made the decision to no longer accept NEW patients to our practice who are unimmunized or whose parents are not planning to immunize, in the case of newborns. This includes new siblings of patients that are established at the practice.

Although it is rare, there are medical conditions that prohibit vaccinations, for example children diagnosed with cancer undergoing chemotherapy treatment as well as children with severe immunodeficiency. New patients with these conditions would be exempt from this new policy.

While we do not encourage alternate vaccine schedules, we will work with new patients who have chosen an alternate schedule. We have a minimum vaccine timeline requirement for those new patients who elect to receive an alternate schedule:

DTaP, Hib, Prevnar: 1 dose of each by 4 months, 4 doses of each by 18 months, 5 doses of DTaP by 6yrs old

IPV: 1 dose by 18 months, 3 doses by 6yrs old

MMR and Varicella: 1 dose of each by 18 months and 2 doses of each by 6yrs old

Tdap: 1 dose by 12yrs old

Meningitis A, C, W, Y: 1 dose by 12yrs old , 2 doses by 17yrs old

We will continue to see our existing patients who are unimmunized, but they will be required to follow specific infection control protocols to better protect our most vulnerable patient populations and will be required to sign a vaccine refusal, accepting responsibility, each time vaccines are recommended. Patients must also maintain all recommended AAP well visits on schedule (NB, 1mo, 2mo, 4mo, 6mo, 9mo, 12mo, 15mo, 18mo, 24m, 30mo, 3yr and then annually). The infection control guidelines are as follows: notifying the front office when scheduling an appointment that their child is not fully immunized, waiting in the car until their room is ready, entering the practice through a different door when necessary, following through with recommended labs and/or imaging studies when their child is ill, and ensuring all other healthcare providers are made aware of their child's unimmunized status.

Since trust in your health care provider is a fundamental component of the physician/patient relationship, families that cannot accept or adhere to our minimum vaccination requirements or our infection control guidelines will be asked to find a new healthcare provider for their children. We understand that our new policy will not be acceptable to some families. Please know that we did not come to this decision lightly.

Desert Shores Pediatrics Vaccine Policy Acknowledgement Form

We are so grateful to all our families that entrust us with the care of their children. It is our privilege to be on your team and to work with you to raise healthy, strong, resilient children. We would be happy to discuss this policy further and answer any questions you may have.

I have read and I understand the Desert Shores Pediatrics Vaccine Policy, effective 9/10/2024.

Parent Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Patient Name: _____ DOB: _____

Sibling(s) Name & DOB: _____