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AAP liaison Dr. Joseph A. Bocchini Jr. points out that the new charts improve the opportunity for the practitioner to determine what immunizations a patient needs at a particular age.

Childhood Immunization Charts to Be Split in Two

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ATLANTA — Get ready to clear a bit more wall space in your office come January. Beginning in 2007-2008, the annual harmonized childhood and adolescent immunization schedule will be split in two, with a chart on one page devoted to children aged 0-6 years and another on a separate page for those aged 7-18.

The catch-up schedule also will be divided by age in the same way, but those two charts will appear on one page.

The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention voted unanimously for the new format at its fall meeting. The American Academy of Pediatrics Committee on Infectious Disease supports it as well, AAP liaison Dr. Joseph A. Bocchini Jr. said in an interview.

"I think this is a significant improvement. As the vaccine schedule has become more complicated, the single table has become more difficult to interpret. Splitting it this way really improves the opportunity for the practitioner to determine what immunizations a patient needs at a particular age," said Dr. Bocchini, professor of pediatrics and chief of pediatric infectious disease at Louisiana State University, Shreveport.

The decisions about whether and how to split the schedule were based in part on results from focus group sessions involving 69 immunization providers, including pediatricians, family physicians, nurse practitioners, physician assistants, registered nurses, and licensed practical nurses. They came from private and public settings, and from urban, suburban, and rural areas. "We wanted to capture the real world out there," said Sarah J. Clark, associate director for research at the Child Health Evaluation and Research Unit at the University of Michigan in Ann Arbor, which conducted the focus group.

Overall, there was a general preference for two schedules rather than one. The group disagreed, however, on where to make the split. The majority who chose ages 0-6 and 7-18 did so primarily because it places the focus on preparing children for entering kindergarten or first grade.

However, some participants wanted the split at 0-10 years and 11-18 years, noting that if a clinician were only going to post one page, the younger age range chart would contain more information. And, noted Dr. Amy B. Middleman, the liaison to ACIP for the Society for Adolescent Medicine, "Clearly this makes the most sense and is the most visually appealing product. But I think we should consider a chart just for adolescents."

On the other hand, Dr. Bocchini pointed out, "I think this is a reasonable compromise. There are a number of things that need to be done before a child enters school, and so a break at age 6 … fits very well."

The format of the catch-up chart proved to be a bit problematic for the focus group as well, primarily because of the confusion between the two different diphtheria-tetanus-acellular pertussis vaccines (DTaP for infants and toddlers/Tdap for adolescents and adults). "At first glance, many providers liked the one-table version. Then they tried to figure out what to do with DTaP/Tdap, and couldn't do it. At that point, almost everyone preferred the two-table format," Ms. Clark said. ■

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