

immunizations can be given to individuals of any age, the recommended primary schedule begins during infancy and, with the exception of boosters, is completed during early childhood. Therefore, health promotion during infancy includes a discussion of childhood immunizations for diphtheria, tetanus, and acellular pertussis (DTaP); poliovirus; measles, mumps, and rubella (MMR); *Haemophilus influenzae* type b (Hib); hepatitis B virus (HBV); hepatitis A virus (HAV); meningococcal; pneumococcal conjugate vaccine (PCV); influenza (and H1N1); and varicella-zoster virus (VZV; chickenpox). Selected vaccines generally reserved for children considered at high risk for the disease are discussed here and as appropriate throughout this chapter.

To facilitate an understanding of immunizations, key terms are listed in [Box 6-2](#). Although in this discussion, the terms *vaccination* and *immunization* are used interchangeably in reference to active immunization; they are not synonymous because the administration of an immunobiologic such as a vaccine cannot automatically be equated with the development of adequate immunity.

### **Box 6-2**

#### **Key Immunization Terms**

**Acquired immunity:** Immunity from exposure to the invading agent, either bacteria, virus, or toxin

**Active immunity:** A state where immune bodies are actively formed against specific antigens, either naturally by having had the disease clinically or subclinically or artificially by introducing the antigen into the individual

**Antibody:** A protein, found mostly in serum, that is formed in response to exposure to a specific antigen

**Antigen:** A variety of foreign substances, including bacteria, viruses, toxins, and foreign proteins, that stimulate the formation of antibodies

**Antitoxin:** A solution of antibodies (e.g., diphtheria antitoxin,