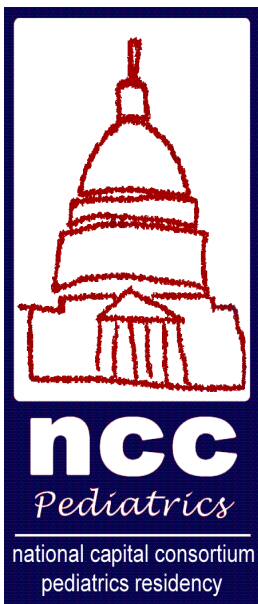


Walter Reed
Bethesda

SCUTDOG

















































National Capital Consortium
Pediatric Residency Program

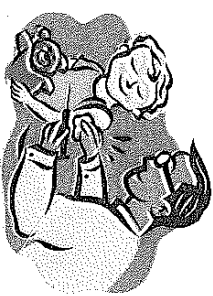
ACADEMIC YEAR
2017-2018



7th Combined Hospital Edition

NATIONAL CAPITAL AREA RECOMMENDED PEDIATRIC IMMUNIZATION SCHEDULE – OCTOBER 2015

Pediatric Immunizations	Hep B *See below	DTaP Diphtheria, Tetanus, And Pertussis	Polio IPV	Hepatitis A	MMR Measles, Mumps, Rubella	Varicella Chickenpox	Rotavirus Rotateq® Oral Vaccine **See below	Pneumococcal Prevnam 13®	Hib Haemophilus B PedVaxHib®	Pediarix® See below **** DTaP, IPV, Hep B	Influenza (Seasonal)
											
2 Months	 1	 1	 1				 1	 1	 1	 1	
4 Months	 2	 2	 2				 2	 2	 2	 2	
6 Months	 3	 3	 3				 3	 3	 3	 3	
12 Months				 1	 1	 1		 4			
15-18 Months		 4		 2 2 nd dose 6 or more months after 1 st dose.	 2	 1			 3 One shot after 1 st birthday  3 (given at 15-18 months)	 3 Will need DTaP #4 and #5 at appropriate times	 1 Every year beginning at 6 months of age. Patient will need 2 total doses, 1 month apart, for initial flu vaccine under age 9 yrs. Only 1 dose is needed yearly in subsequent years.
4-6 Years	 5 Given ≥ 4 years	 4 Given ≥ 4 years	 4 Given ≥ 4 years	 2 All patients need 2 Hep A vaccines if not already received.	 2 Given at ≥ 4 years	 2 Given at ≥ 4 years					
	 All patients need 3 Hep B vaccines if not already received	 KINRIX® (DTaP and Polio)	 HPV Gardasil 9® *** See below	 ProQuad® (Measles, Mumps, Rubella and Varicella)	 Every patient needs 2 doses of varicella	 MENINGOCOCCAL Conjugate:  (may need booster) ***** See below	 MEN B ***** See below				
11-18+ Years											



Please See
CDC WEBSITE
for catch up information
and questions.

*At birth receive isolated Hep B vaccine.
**Rotateq®: First dose needs to be started at 6-12 weeks and full series of three vaccines completed by 32 weeks of age (approx. 7 ½ months)
***Gardasil 9 ® (HPV): Three dose schedule at 0, 2 and 6 months. Start at 9-12 years of age.
****Pediarix® If no Hep B at birth, 3rd dose of Pediarix® should be given on or after age 6 months.
***** MENINGOCOCCAL: 1st dose age 11 or 12 years. Booster dose age 16 years or greater. If first dose at age 16 – 18 years. If first dose given > 16 years, then only 1 dose is needed.
***** Meningococcal Group B Vaccine 10-25: Available for high risk patients. 1. Complement deficiency 2. Asplenia (anatomic or functional) 3. Use during an outbreak 4. Other risk factors -college students in dorms.


 IMMUNI THE PANDA SAYS, "STAY HEALTHY, GET IMMUNIZED"

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TEN MUST-KNOW FACTS OF MILITARY PEDIATRIC HISTORY

1. **COL Ogden Bruton**, charged with improving the health of WWII “**War Brides**” and their children, founds the pediatric department at Walter Reed in 1949. A clinician *par excellence*, his motto was that “**the patient is first, last, and always.**” His evaluation and treatment of **Jay Holtener**, a USAF general’s son with chronic infections, led to the discovery and successful treatment of **X-Linked Agammaglobulinemia**.
2. **LCDR Laurel Clark**, pediatric intern at Bethesda in 1987, was the **1st pediatric trained physician** in space. She perished on the space shuttle *Columbia* in 2003. The **Clark Auditorium** at Walter Reed is named for her.
3. **CAPT Robert A Phillips** of the US Navy Medical Research lab in Taiwan characterizes the glucose-sodium co-transporter and develops the first **Oral Rehydration Solution** with the proper Na:Glu ratio in 1964. This solution, now known as **WHO ORS**, has been credited with saving more pediatric lives than any other human development other than the invention of sewer systems.
4. The U.S. Army provides the first treatment of **infant botulism** using **equine anti-toxin**. The horse “**First Flight**” was a mediocre racer and a skittish caisson-bearer (he once bolted with a general’s coffin at Arlington), but he was a prolific antibody producer. His anti-toxin saved the life of **Tess Baird**, an Ohio newborn who developed botulism in 1997. First Flight is buried at Ft. Detrick, MD.
5. **RSV Immunoglobulin** is developed by **Col Val Hemming** and the Department of Pediatrics at **USUHS**. Respigam, and then its successor Synagis, is used worldwide for prevention of RSV. Military medicine still collects royalties from the use of Synagis.
6. **COL James Bass**, develops guidelines for **evaluation of infant fever**, proves that erythromycin can treat pertussis, and establishes the **10 day course of PEN VK** for strep throat, among other contributions. He would blow a conch shell to start morning report at Tripler.
7. The **1st use of ECMO** for a neonate occurred at **Wilford Hall** in 1972. In 1985, that center became the 12th ECMO center nationwide and the 1st in the military and in Texas. **Maj David Cornish** established the **1st ECMO Transport** service in 1989, which is 1 of only 3 such services available today.
8. **COL Robert DeLemos**, neonatologist at **Wilford Hall**, along with RT Jimmy Schulz and COL Kirby, develop the 1st successful infant ventilator, which became the prototype for **Baby Bird Ventilator**.
9. **CPT Carolyn Sullivan**, a pediatrician assigned to the 3rd Armored Division in **Gulf War 1**, becomes the mission-critical medical asset when a **humanitarian crisis** erupts in Safwan, a Kuwait/Iraq border town. The press name her “the **Angel of Safwan**” and cement the valuable role of pediatricians in war.
10. **CAPT Andrew Margileth**, of Bethesda, first describes Parinaud syndrome in **pediatric cat-scratch disease** and attributes CSD as a cause of pediatric FUO. He is the **first to identify** microorganisms in CSD.