Le vaccinazioni nei bambini con disabilità neurocognitiva

Elena Bozzola

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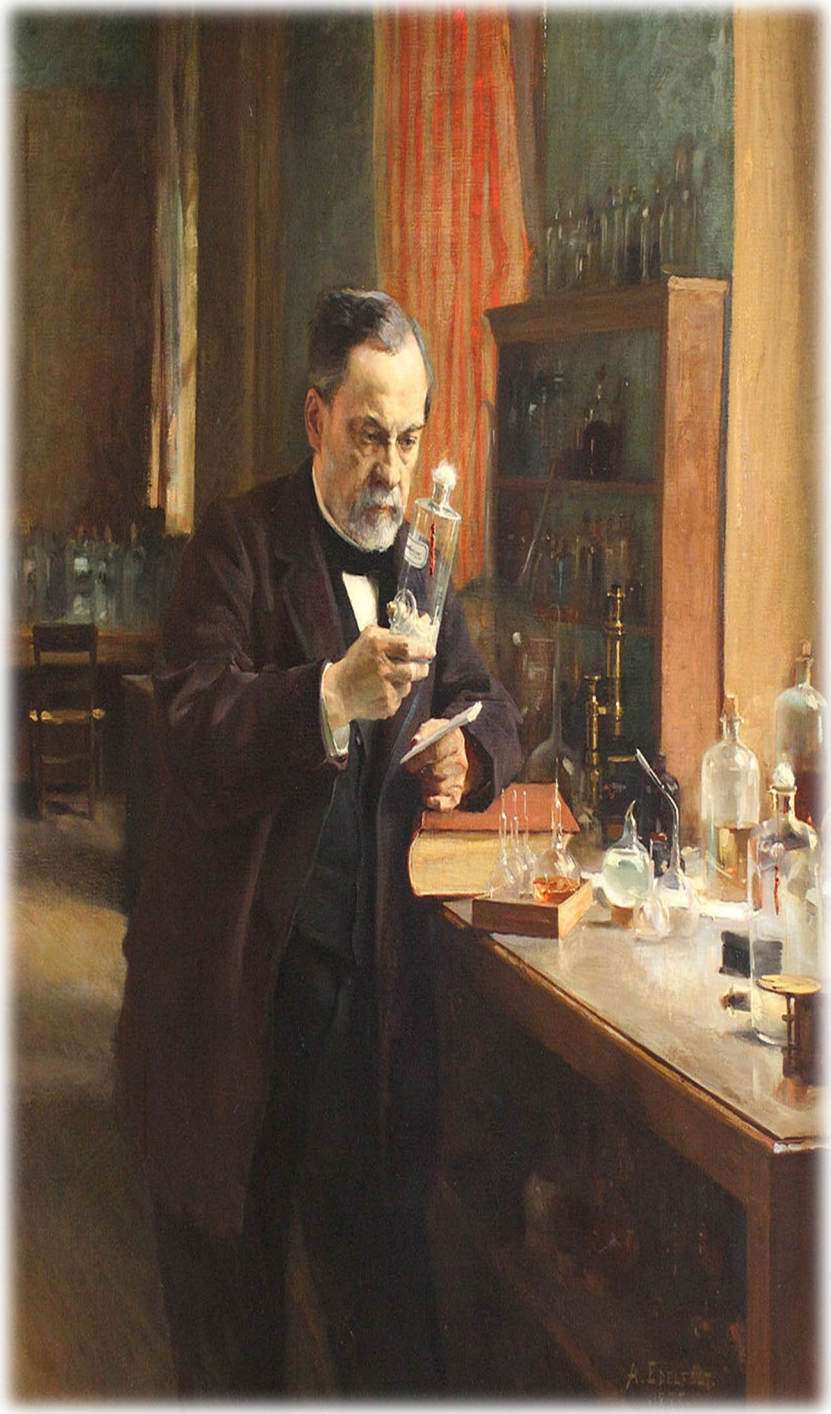
“è importante che ciascun bambino sia protetto dalle malattie prevenibili mediante vaccinazione, che si configura, allo stesso tempo, come

Bisogno e Diritto,

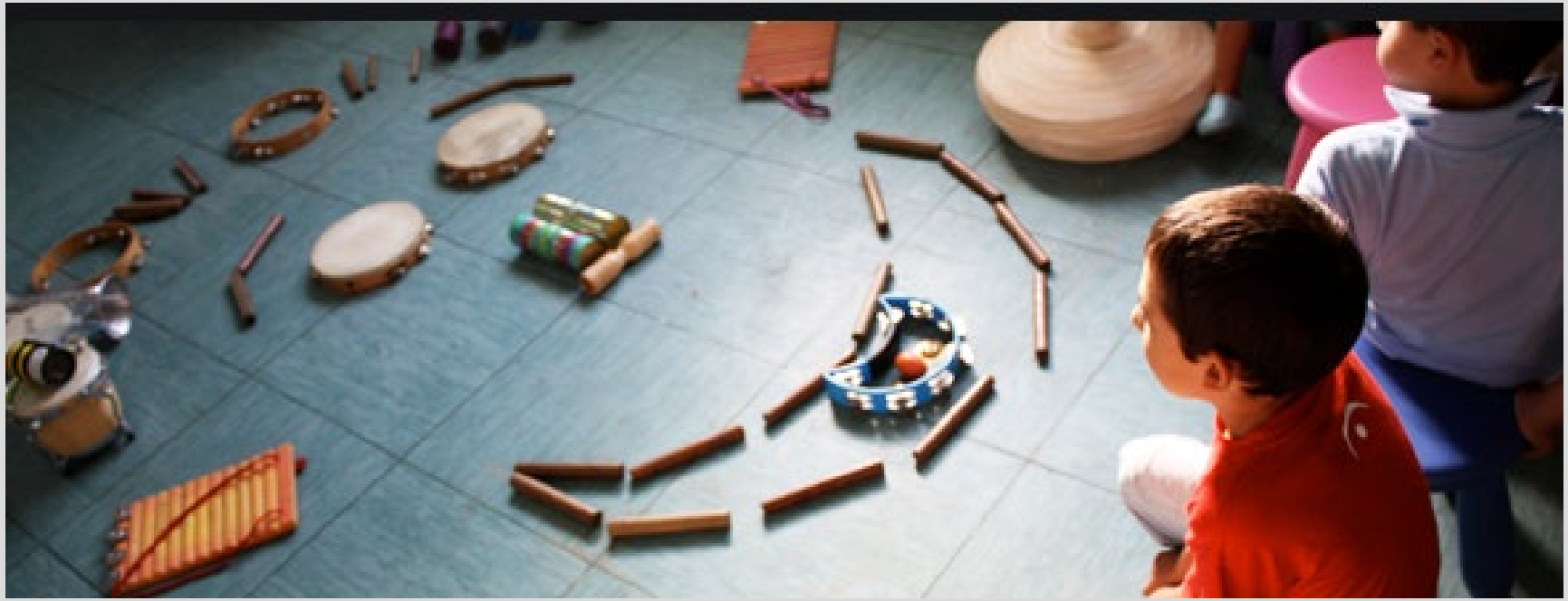
con particolare attenzione per i gruppi vulnerabili”

(*OMS*)



“Quando penso a una malattia non è per trovarvi rimedio ma, invece, per prevenirla”

L. Pasteur



Immunisation status amongst children attending special schools

Catherine Tuffrey, Fiona Finlay

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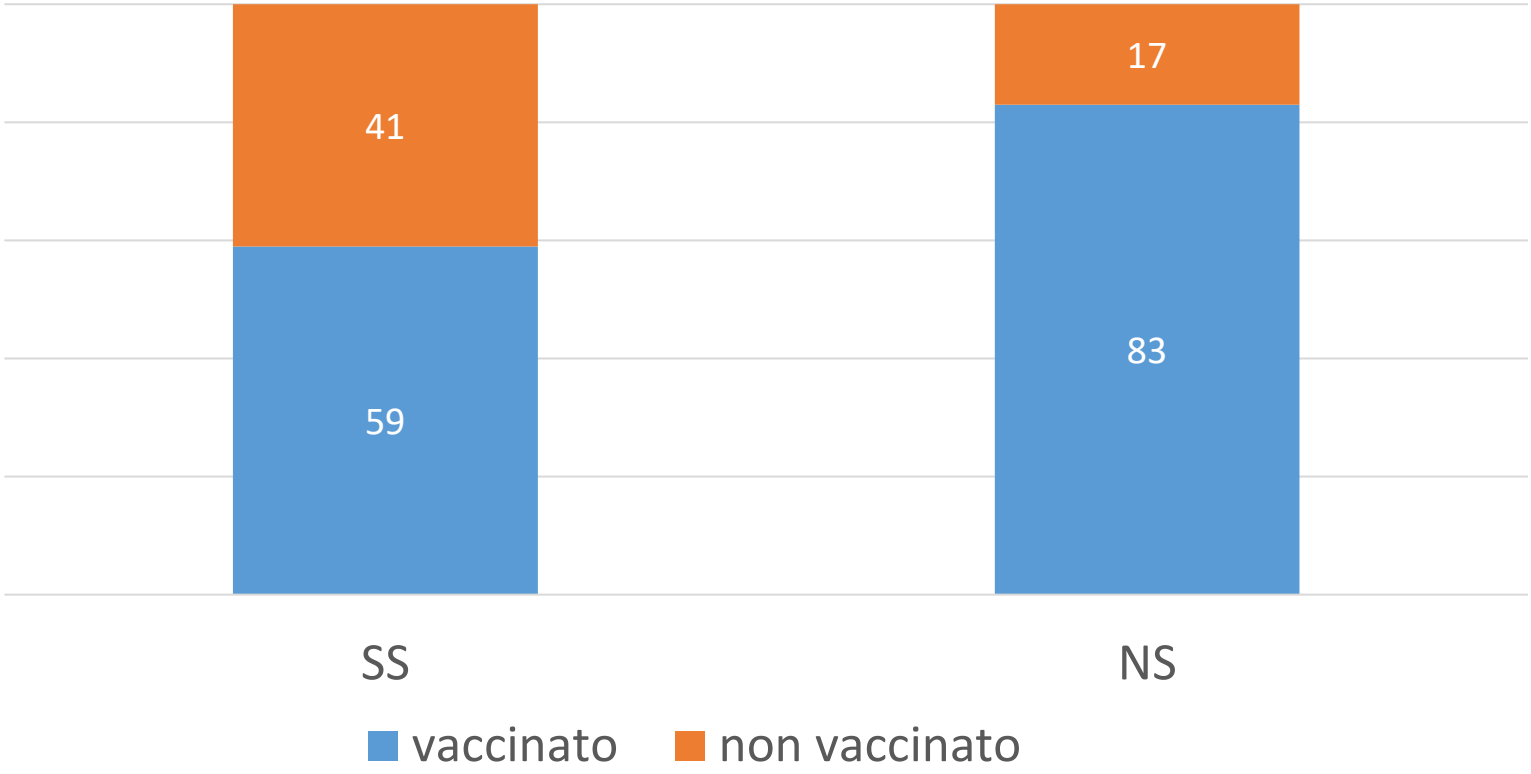

A: 136 children attending special schools (SS)
B: 272 randomly selected age and sex matched controls (NS)

These children may be particularly vulnerable to pertussis, measles and rubella but have the right to receive the appropriate protection against infectious diseases

Table 1 Vaccination coverage among children with and without intellectual disabilities in the UK

	% Vaccination coverage (with 95% CI)		Rate ratios for *non-uptake* among children with intellectual disability (reference group = other children)		
	Children with intellectual disabilities	Other children	Unadjusted	Model 1 (SEP)	Model 2 (SEP + other factors)
Age 3 years	(*n* = 521)	(*n* = 14,261)			
Polio complete	97.3% (95.1–98.6)	98.8% (98.6–99.0)	2.27 (1.20–4.29)*	2.22 (1.16–4.23)*	2.18 (1.13–4.19)*
Diptheria complete	98.2% (96.3–99.1)	98.8% (98.6–99.1)	1.59 (0.78–3.23)	1.48 (0.70–3.13)	1.47 (0.70–3.15)
Tetanus complete	97.7% (95.8–98.8)	98.9% (98.6–99.1)	2.02 (1.07–3.82)*	1.89 (0.97–3.66)	1.90 (0.97–3.71)
Pertussis complete	96.4% (93.8–98.0)	98.4% (98.1–98.7)	2.23 (1.27–3.92)**	2.07 (1.16–3.70)*	2.12 (1.19–3.79)*
Hib complete	96.5% (93.9–98.0)	98.2% (97.8–98.5)	1.95 (1.10–3.45)*	1.78 (0.98–3.23)	1.78 (0.98–3.23)
Meningitis complete	96.7% (94.2–98.1)	98.1% (97.7–98.4)	1.73 (0.98–3.07)	1.59 (0.87–2.92)	1.62 (0.87–3.01)
MMR	91.6% (88.1–94.2)	93.9% (93.2–94.6)	1.38 (0.96–1.09)	1.24 (0.85–1.80)	1.18 (0.81–1.72)
Fully or partially vaccinated	98.1% (96.2–99.0)	99.1% (98.8–99.3)	2.06 (1.01–4.22)*	1.77 (0.82–3.79)	1.78 (0.83–3.81)
Fully vaccinated	84.9% (80.8–88.3)	90.1% (89.2–90.9)	2.16 (1.06–4.43)*	1.82 (0.85–3.92)	1.83 (0.86–3.91)
Partially vaccinated	13.2% (10.1–17.1)	9.0% (8.2–9.7)	1.35 (0.70–2.63)	1.35 (0.66–2.77)	1.35 (0.66–2.75)
No vaccinations	1.9% (1.0–3.8)	0.9% (0.7–1.2)			
Fully or partially vaccinated	99.1% (97.4–99.7)	99.3% (99.3–99.8)	1.88 (0.88–5.39)	2.01 (0.91–6.59)	1.93 (0.89–6.33)
Fully vaccinated	87.4% (83.9–90.2)	89.3% (88.4–90.1)	1.91 (0.67–5.49)	1.97 (0.60–6.44)	1.88 (0.58–6.13)
Partially vaccinated	11.7% (9.1–14.9)	10.2% (9.5–11.1)	1.60 (0.59–4.36)	2.18 (0.69–6.88)	2.20 (0.72–6.77)
No vaccinations	1.0% (0.3–2.7)	0.5% (0.4–0.7)			
Age 14 years	(*n* = 149)	(*n* = 4938)			
HPV (girls only)	87.4% (77.9–93.2)	93.1% (92.1–94.0)	1.83 (0.99–3.37)	1.59 (0.83–3.03)	1.52 (0.78–2.98)

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$
N = weighted sample size

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ilities in the

Arch Dis Child. 2014 Dec;99(12):1068-70. doi: 10.1136/archdischild-2013-305919. Epub 2014 Sep 3.

Immunisation against HPV in girls with intellectual disabilities

Rebecca MacLeod [1], Catherine Tuffrey [2]

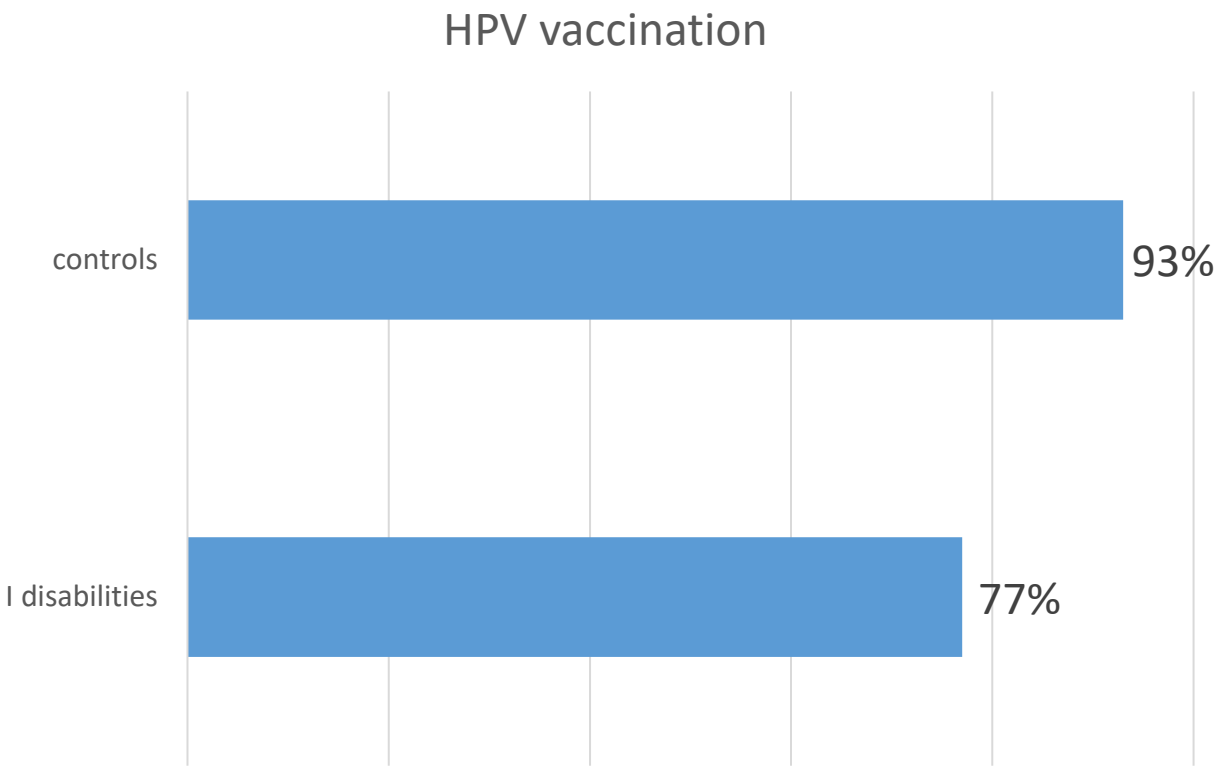

Table 2 Parental reasons given for non-vaccination

Reason	Child age	Children with intellectual disabilities (% with 95% CI)
Parental choice	9 months	1.3% (0.3–4.5)
	3 years	62.5% (47.3–75.5)
	5 years	16.0% (7.2–31.9)
	14 years	46.7% (20.1–75.4)
Service/administration errors	9 months	8.0% (1.9–27.7)
	3 years	5.1% (1.3–17.5)
	5 years	30.9% (18.3–47.2)
	14 years	14.7% (3.5–45.4)
Child unwell at time of planned vaccination	9 months	8.6% (3.1–21.4)
	3 years	8.6% (3.1–21.4)
	5 years	3.3% (1.1–9.4)
	14 years	13.5% (2.0–54.7)
Adverse		
Family disorganisation	9 months	
	3 years	3.6% (0.5–21.0)
	5 years	0.0% (0.0–8.0)
	14 years	0.0% (0.0–16.8)
Appointment pending	9 months	25.8% (13.2–44.4)
	3 years	1.8% (0.5–6.4)
	5 years	21.8% (10.6–39.7)
	14 years	Information not collected
Other	9 months	15.4% (6.5–32.5)
	3 years	20.8% (11.6–34.6)
	5 years	14.9% (6.6–30.2)
	14 years	25.1% (7.8–56.9)

Note: Base for % is the number of parents giving one or more reason at each wave
* $p < 0.05$, **** $p < 0.001$

complete coverage rates were significantly lower for children with intellectual disabilities at ages 9 months and 3 years, and lower (but not significantly so) at age 5 years

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https://doi.org/10.1186/s12889-019-7106-5

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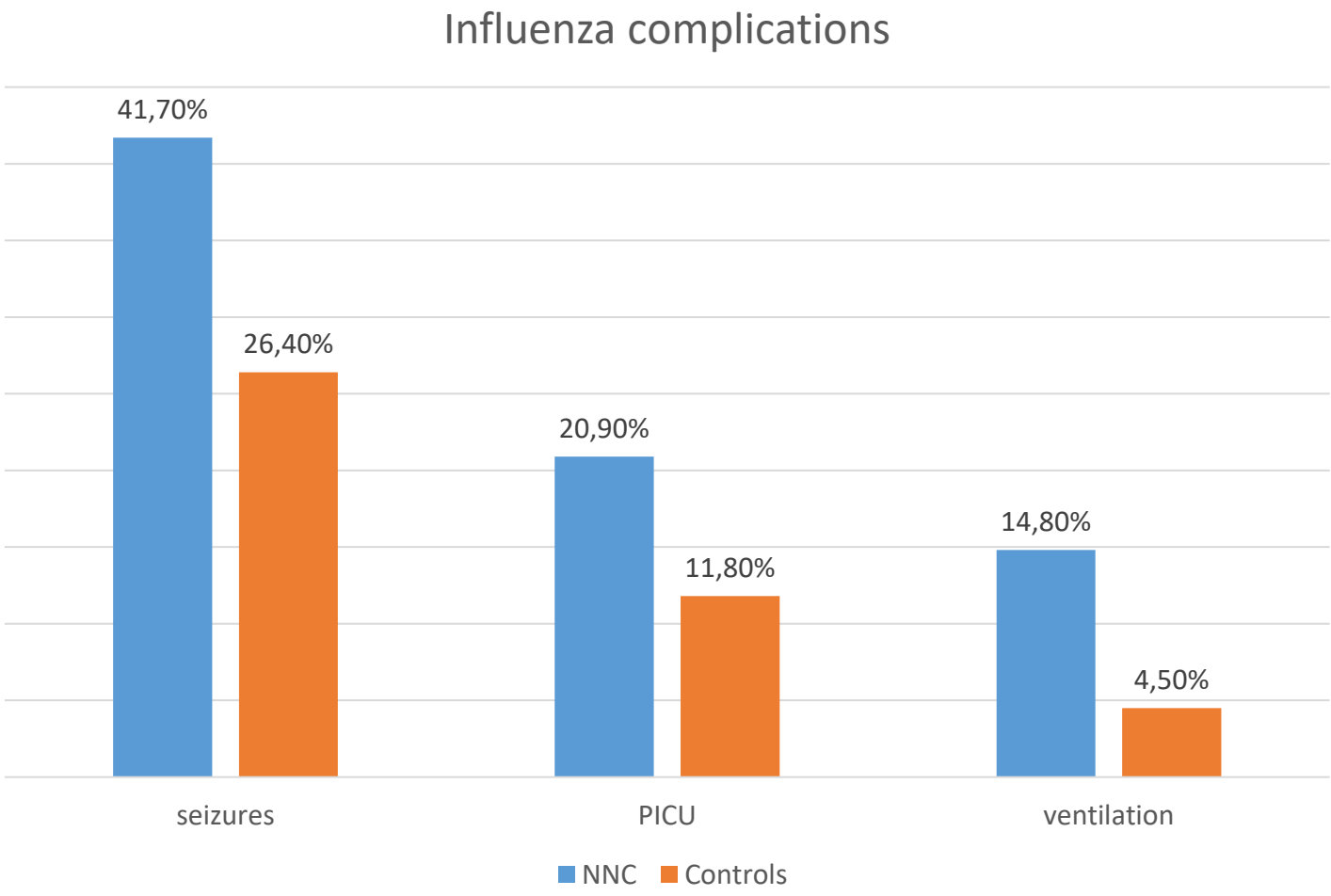
RESEARCH ARTICLE Open Access

Vaccine Coverage among Children with and without Intellectual Disabilities in the UK: Cross Sectional Study

Eric Emerson[1,2*], Janet Robertson[1], Susannah Baines[1] and Chris Hatton[1]

Pediatr Infect Dis J. 2014 Jul;33(7):710-4. doi: 10.1097/INF.0000000000000272.

Burden of seasonal influenza in children with neurodevelopmental conditions



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Vaccine. 2015 May 11; 33(20): 2322–2327. doi:10.1016/j.vaccine.2015.03.050.

Influenza vaccination in children with neurologic or neurodevelopmental disorders*

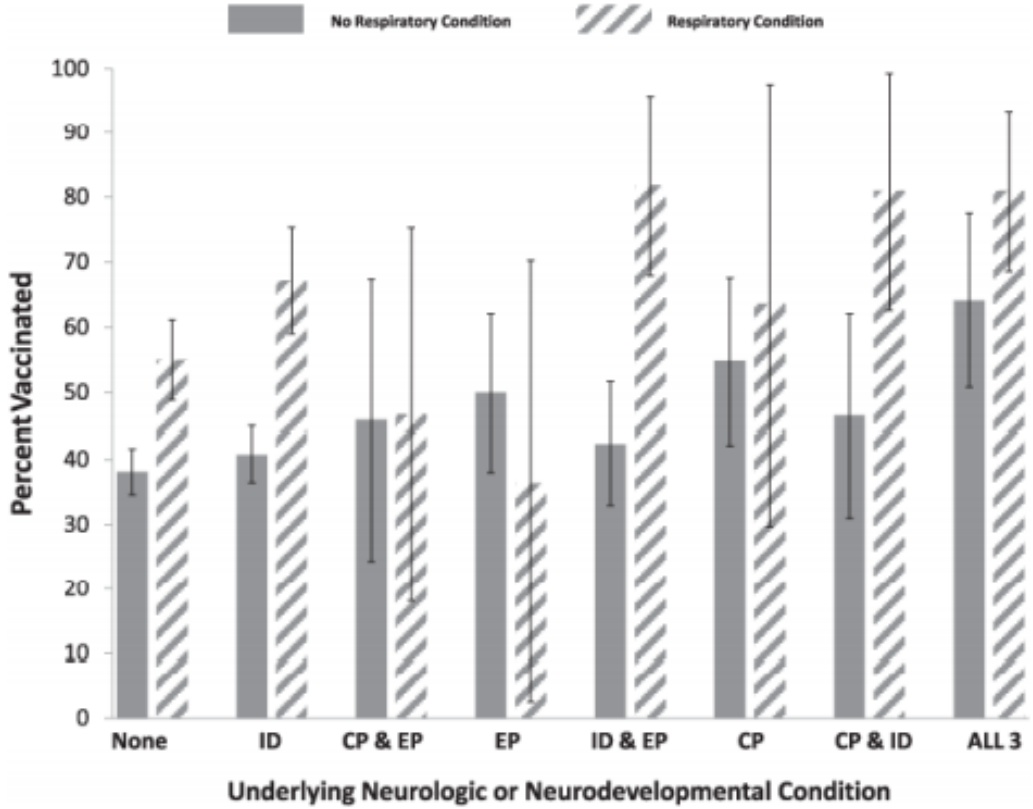

Fig. 1.
Parental report of vaccination, or intent to vaccinate, stratified by neurologic/ neurodevelopmental and respiratory conditions. None, no neurodevelopmental disability; ID, intellectual disability; CP, cerebral palsy; EP, epilepsy: ALL, ID, CP and EP. Bars indicate 95th percentile confidence intervals.

2138 surveys were completed by parents of children with high-risk conditions, including 1143 with at least one NNDD.
Among all 2138 children, in multivariable analysis, the presence of a respiratory condition and prior seasonal influenza vaccination was significantly associated with flu vaccine, but the presence of an NNDD was not.

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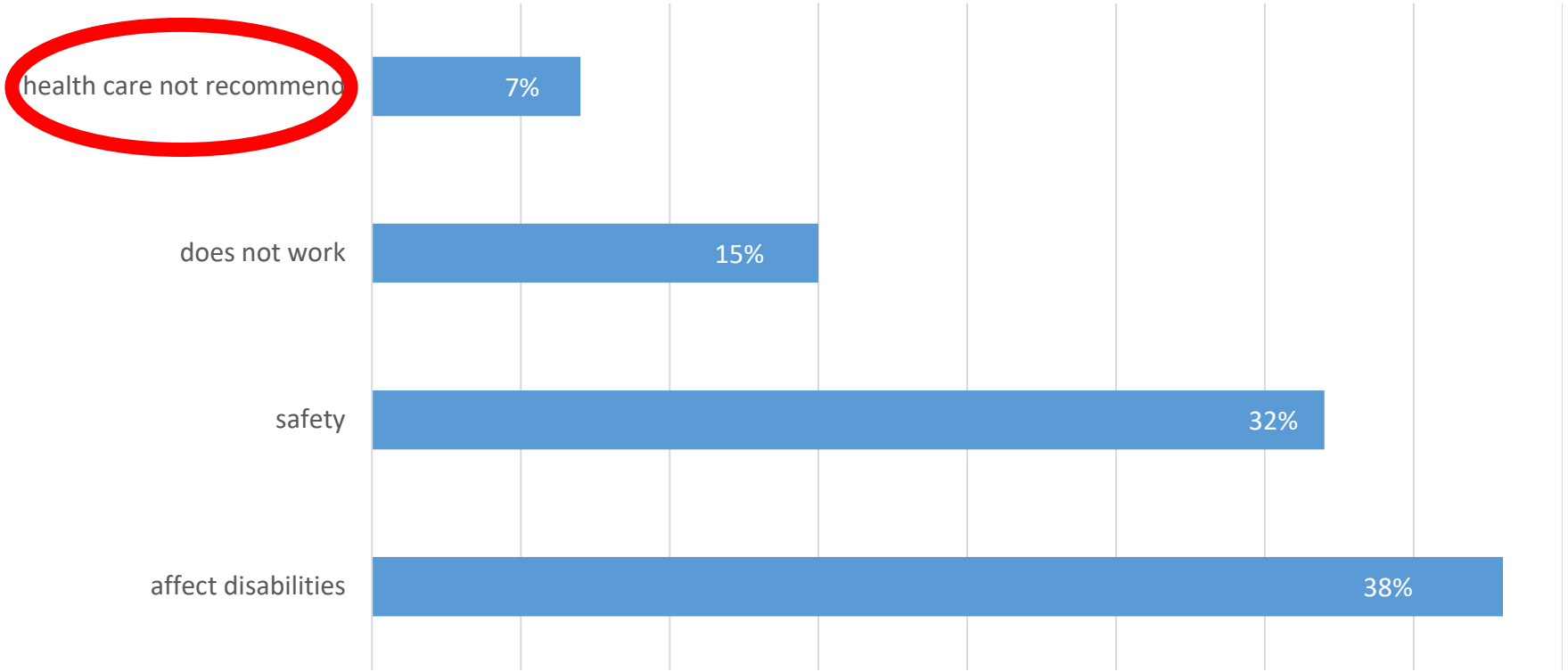
Influenza vaccination in children with neurologic or neurodevelopmental disorders★

Reason not to vaccine against flu



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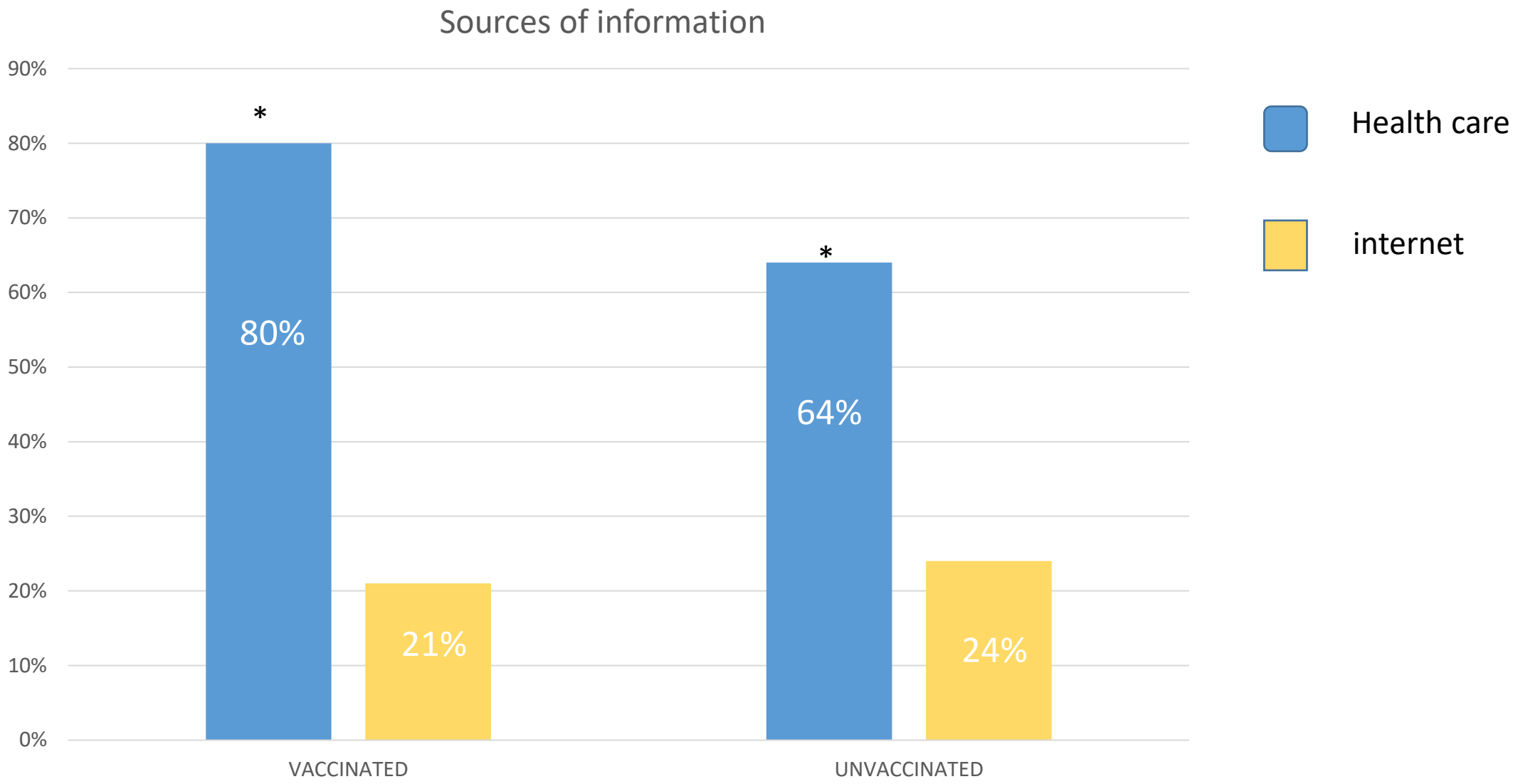
Influenza vaccination in children with neurologic or neurodevelopmental disorders⋆



* p<0.0001

Published in final edited form as:
Vaccine. 2015 May 11; 33(20): 2322–2327. doi:10.1016/j.vaccine.2015.03.050.

Influenza vaccination in children with neurologic or neurodevelopmental disorders★

Rating of specific conditions as high-risk for development of influenza complications among physicians who reported treating children with the condition.

Diagnosis/indication	Percent of all physician respondents (*n*=393) rating condition as high-risk	Number (%) of physicians who report condition is prevalent in their practice	Percent of these physicians who rate condition as high-risk
Asthma	94	247 (63)	99
Prematurity	76	43 (11)	93
Cerebral palsy	74	63 (16)	79
Obesity	64	51 (13)	78
Epilepsy	51	77 (20)	72
Intellectual disability	46	77 (20)	55

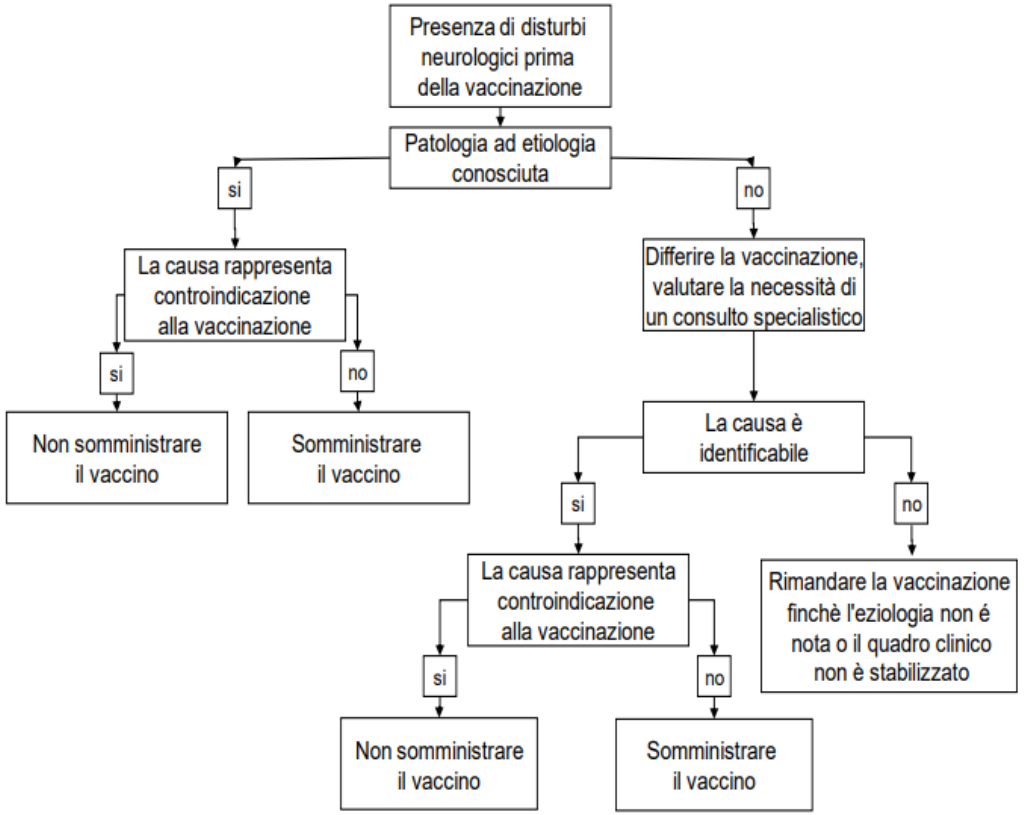
412 pediatricians completed the provider survey. Cerebral palsy was recognized as a high-risk influenza condition by 74% of physician respondents, but epilepsy (51%) and intellectual disability (46%) were less commonly identified.

Difterite, tetano, pertosse, epatite B, polio, Hib (ESAVALENTE)		
Controindicazioni -reazione allergica grave (anafilassi) dopo la somministrazione di una precedente dose -reazione allergica grave (anafilassi) a un componente del vaccino **Controindicazioni temporanee** -encefalopatia non attribuibile ad altra causa entro sette giorni dalla somministrazione di una precedente dose di esavalente fino a chiarimento della causa o stabilizzazione della malattia	**Precauzioni** -encefalopatie ed encefalopatie epilettiche precoci, inclusa la S. di West, fino a quando l'eziologia non è stata definita o il quadro clinico non può essere considerato stabilizzato -S di Guillain-Barré e sindromi correlate entro 6 settimane dalla somministrazione di una precedente dose di vaccino -malattia acuta grave o moderata, con o senza febbre -nevrite periferica dopo la somministrazione di una precedente dose -orticaria generalizzata immediata dopo somministrazione di una precedente dose -prematurità estrema -reazione allergica grave al lattice (per i prodotti che contengono lattice nella siringa) -reazione da immunocomplessi (es. Arthus) dopo somministrazione di precedente dose	**False controindicazioni** -anamnesi positiva per convulsioni febbrili -disturbi neurologici stabilizzati (es. convulsioni ben controllate, paralisi cerebrale, ritardo dello sviluppo) -episodio di ipotonia-iporesponsività nelle 48 ore successive la somministrazione di una precedente dose di esavalente -febbre >40,5 dopo una precedente dose di esavalente -pianto persistente e incontrollato per più di 3 ore dopo una precedente somministrazione di esavalente -precedenti familiari di SIDS -prematurità non estrema -storia di reazione locale estesa dopo precedente dose -storia clinica di pertosse -storia familiare di convulsioni -storia familiare di reazioni avverse dopo una somministrazione di aP o Pw

Autismo

Nota: l'autismo non rappresenta di per sé una controindicazione alla somministrazione delle vaccinazioni. Nel caso sia la manifestazione di una patologia neurologica identificata valutare se questa rappresenta una controindicazione o una precauzione alla vaccinazione.[7,13,54,55,110-112] Vedi anche "Disturbo/disordine neurologico". E' stato escluso che le vaccinazioni possano provocare l'autismo.[93]

Campagne di comunicazione

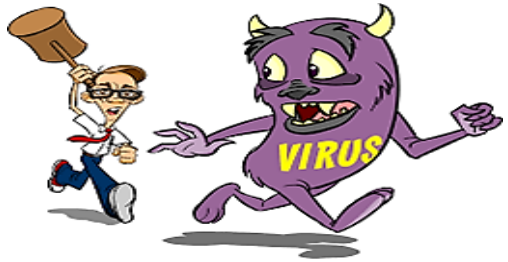



Vision
Creativity
Support
Solution

RISCHI DI ALCUNE MALATTIE INFETTIVE PARAGONATE AI RISCHI DELLE RISPETTIVE VACCINAZIONI

Rischi relativi alla malattia

Rischi relativi alla vaccinazione



Clinical reviews in allergy and immunology

Vaccine-associated hypersensitivity

Michael M. McNeil, MD, MPH, and Frank DeStefano, MD, MPH *Atlanta, Ga*

J ALLERGY CLIN IMMUNOL FEBRUARY 2018

	Numero di casi	Dosi vaccino somministrate	Tasso (… /10.000.000 di dosi)
0-17 anni	18	12.403.201	1.45
18-49 anni	9	5.063.802	1.78
>50 anni	6	7.706.962	0.78
Anno 2009	11	8.535.631	1.29
Anno 2010	8	8.207.595	0.98
Anno 2011	14	8.430.739	1.66

TIP0 DI VACCINO IN MONOSOMMINISTRAZIONE e/o IN COSOMMINISTRAZIONE			
Epatite B	0	1.287.074	0
Rotavirus (RV1)	0	57.517	0
Rotavirus (RV5)	0	636.756	0
DiftoTetanoPertosse acellulare (pediatrico)	3	1.449.370	2.07
Haemophilus influenzae di tipo b	0	1.143.025	0
Pneumococco coniugato 7 valente	0	558.201	0
Pneumococco coniugato13 valente	0	742.467	0
Pneumococco polisaccaridico 23 valente	2	698.482	2.86
Poliovirus inattivato	2	1.215.163	1.65

Traduzione a cura di Rocco Russo


Grazie