



NATIONAL  
**PEDIATRIC**  
**MYOCLONUS**  
CENTER

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To Whom It May Concern:

OMS is a syndrome in which the immune system is overactive and needs to be suppressed. Therefore, since immunizations tend to stimulate the immune system, we recommend that all children with OMS receive no vaccinations, of any type, for a minimum of 2 years after successful completion of all immunotherapy.

Once the OMS child has been off all immunotherapy for no less than 2 years, the following guidelines should apply to his/her vaccinations:

- The child should NEVER receive a live virus vaccine
- There should be absolutely NO grouping of vaccines (i.e. DTaP). Rather, each component should be given separately and should be spread out by a minimum of 6 months.
- Although the HPV (Gardasil®) vaccine is inactive, we do NOT advise administering this vaccine to any child with OMS until more research has been done on it.

As to the IMMEDIATE FAMILY, they MAY receive killed and/or inactivated vaccinations at any time. This includes, but is not limited to, the following:

- Diphtheria, Tetanus, acellular Pertussis (DTaP)
- Inactivated Polio Vaccine (IPV)
- Hib
- Hepatitis A & B
- Pneumococcal
- Meningiococcal
- Flu shot

HOWEVER, it is recommended that NO live vaccines be given to any immediate family member AT ANY TIME. This includes, but is not limited to, the following:

- Measles, Mumps, Rubella (MMR)
- Intranasal Flu
- Varicella Zoster (Chickenpox)
- Herpes Zoster (Shingles)
- Rotavirus
- BCG

It is also advised that any OMS child who is of school-age be kept at a distance from other children who have been recently immunized with a live vaccine for a MINIMUM of 4 weeks after vaccine administration.

If you have any questions, please feel free to contact our center at 217-545-7635.