



NATIONAL PEDIATRIC MYOCLONUS CENTER

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
- Meningococcal
- 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.

Disclaimer: Immunization in OMS should be considered on a case-by-case basis. No one can absolutely predict the risk of relapse in a particular individual with a rare disorder. Therefore, all decisions about immunizations should be discussed with the physician who is familiar with your child's health status and the risk of infections like measles in your community. Parents and physicians together should determine what potential risks they are prepared to take. The National Pediatric Myoclonus Center communicates this information as educational material to be shared with your physicians. We cannot assume any responsibility for how the information is used.