



Report of the Immunization Task Force

[En Español](#)

Approved Oct. 13, 2008, by the National Health and Safety Support Subcommittee, Boy Scouts of America

ARTICLE ONE: For the benefit of individual health as well as that of the community in general, it is the Boy Scouts of America national policy that members of the organization adhere to the joint recommendations of the [Advisory Committee on Immunization Practices](#), the [American Academy of Pediatrics](#), and the [American Academy of Family Physicians](#) with regard to obtaining age-appropriate immunizations.

ARTICLE TWO: When attending Boy Scouts of America programs or activities that require an [annual health and medical record](#) or specialty physical exam to be completed, it is required to have current tetanus immunization. The following immunizations are strongly recommended.

- Hepatitis A
- Hepatitis B
- Diphtheria, pertussis
- Meningococcal
- Polio
- Measles, mumps, rubella
- Varicella
- Influenza

ARTICLE THREE: Persons attending national Scouting events or council and district events requiring an [annual health and medical record](#) or specialty physical exam be completed will be allowed to attend if they have not received the above immunizations, but a medical alert must be noted on the individual's physical form. Event sponsors, such as a jamboree or camping program headquarters, must maintain the ability to identify inadequately immunized participants and locate them in case of a necessity for isolation or quarantine as per local public health official directives. [Exceptions to tetanus immunization will be accepted for medical, religious, or philosophical reasons.](#)

Additional Information on Immunizations:

The Boy Scouts of America encourages all members of the Scouting community to become fully protected with vaccines that are now available to prevent infectious diseases that are dangerous for children and adults living in the United States. The current immunization recommendations are posted on official websites of the Centers for Disease Control and Prevention for [infants](#), [children](#), and [adults](#).

The development of vaccines has been one of the great accomplishments of the modern era. These are dangerous diseases and the safety of our children depends upon their obtaining immunizations and keeping them current. The recommended [adult vaccines](#) not only protect the person receiving the vaccine, but also help prevent the spread of diseases to children.

[Tetanus](#) is the only vaccine the BSA requires based on known risks. Tetanus, also called "lockjaw," is usually fatal. The tetanus spores are potentially located everywhere. The disease can be caught through a simple blister, not necessarily a puncture wound with rusty barbed wire. Children normally receive five doses of this vaccine before kindergarten, with booster shots at 12 and 18 years of age. Adults should receive booster shots every 10 years.

Tetanus vaccine is usually provided in a combination with two other vaccines, giving protection for three diseases with one shot: diphtheria and pertussis. A new tetanus-diphtheria-pertussis vaccine is available for adults under the age of 65.

Diphtheria is one of the most dreaded childhood diseases. Before a vaccine was developed for diphtheria in the 1920s, 100,000 to 200,000 cases occurred every year in the United States. Five percent of those developing the disease die from it, resulting in 5,000 to 10,000 deaths in children yearly. Due to the use of this vaccine, the yearly death toll is now approximately 1 child a year. The vaccine is 95 percent effective in preventing diphtheria, but some children exposed to the disease can become slightly ill. People can be carriers of diphtheria without being ill.

Pertussis, or whooping cough, caused as many as 147,000 cases per year in the United States, with 8,000 deaths yearly between 1940 and 1945. In 2002, there were 25,827 cases of pertussis in the United States, half of which were in people older than age 11. The new adult pertussis vaccine was developed to attempt to cut this high rate of infection. There is no pertussis-only vaccine available. It must be combined with one of the tetanus-diphtheria vaccines.

Measles was very common in the United States. Before the vaccine was developed in 1963, virtually everyone caught it by the age of 20. The use of the vaccine caused a 99 percent drop in the disease. Recently, measles is being imported from other countries where it is common and deadly. The outbreak in 1989 to 1991 resulted in 755,000 cases with 123 deaths. In African countries the death rate can exceed 25 percent. More than 90 percent of people who are not immune will get measles if they are exposed to the virus.

According to the World Health Organization (WHO), nearly 900,000 measles-related deaths occurred among persons in developing countries in 1999. In populations that are not immune to measles, measles spreads rapidly. If vaccinations were stopped, each year about 2.7 million measles deaths worldwide could be expected.

Mumps spreads by sneezing or coughing. Complications can result in inflamed testicles (20 to 50 percent of post-pubertal males) and aseptic meningitis of the brain (15 percent). Permanent deafness occurs in 1 out of 2,000 cases. Before the widespread use of mumps vaccination in 1967 there were 200 thousand cases yearly in the US with 20 to 30 deaths yearly. In 1998 there were just 600 cases of mumps with no fatalities. Mumps is generally combined with measles and rubella vaccines as a three-in-one shot. It is an effective vaccine. Ninety-five percent of those who receive MMR or mumps vaccine at age of one or older are immune after the first dose. Immunity for mumps is lifelong.

Rubella, also called the German measles or the three-day measles, is usually a mild infection, but it can result in joint pain and encephalitis. If a pregnant woman is exposed to it and catches it, up to 85 percent will lose their babies or have infants who will be blind, deaf, or have problems with learning, a condition called "congenital rubella syndrome." Before the vaccine was available, during 1963 to 1964 in the US there was an epidemic in which 12 million people caught the disease. Because some of these people were pregnant, this epidemic resulted in 11,000 fetus deaths and 20,000 babies with congenital rubella syndrome. The vaccine was licensed in 1969. Rubella vaccine is usually given in combination with measles and mumps vaccine in a single product called MMR. Since 1989 the decision was made to give two doses of the MMR vaccine to children, primarily to better immunize the small percentage who did not fully respond to the measles component of the vaccine. This change, and a higher rate of vaccination, has virtually eliminated this disease from the US. Ninety-five percent of those receiving rubella vaccine or MMR vaccines are immune after the first dose. Immunity is lifelong.

Varicella (chicken pox) and **shingles** are caused by the varicella-zoster virus (VZV). Chicken pox is highly contagious. It is usually mild, but can be fatal in children (generally less than 1 out of every 10,000 cases). It can be miserable with some children developing 300 to 500 itchy blisters. About 5 percent of cases develop severe complications. Prior to the vaccine release in the United States, there were 3 to 4 million cases of chicken pox yearly. Of this number, 10,000 were hospitalized and approximately 100 died. Adults accounted for 35 percent of the deaths each year from this disease. Varicella is given in a two-dose regimen. This vaccine is 85 percent to 90 percent effective for prevention of chicken pox and 100 percent effective for the prevention of moderate or severe disease. Protection lasts over 11 years.

The **shingles** vaccine, called Zostavax, has been developed for use in people older than 60 years of age. Shingles is a very painful infection of a nerve root caused by the chicken pox virus (VZV). While the blisters from shingles disappear within three weeks, the pain can remain for months, or even the rest of the person's life. Zostavax is similar to the varicella vaccine, Varivax, but it is stronger as older people do not respond as well to vaccines as younger people do. This vaccine was licensed in 2006 and is currently recommended for routine administration to all persons over the age of 60.

Meningococcal vaccine protects from a bacterial form of meningitis which kills 10 to 14 percent of those who catch the disease. There are 2,600 cases of meningococcal meningitis in the United States yearly. Severe complications can cause lifelong

problems for 11 to 19 percent of survivors. There are two vaccines available in the United States. It is now recommended that all children ages 11 through 18 years be immunized against this vaccine. Certain children ages 2 through 10 are also advised to be vaccinated if they have specific medical risk conditions. Adults traveling to some foreign countries, persons living in close quarters in college dormitories, and others are also advised to get this vaccine.

Hepatitis B is a viral disease that attacks the liver. There are approximately 1.25 million people in the United States with chronic hepatitis B and 10 times that number have had the disease during their life. 5,000 people die yearly from hepatitis B related liver diseases. Thanks to immunizations, the number of new cases has declined from 450,000 in the 1980's to 80,000 in 1999. 5,000 children will catch hepatitis B this year, and 25 percent of them will die from liver disease as adults. Hepatitis B vaccine is recommended for all children through age 18 and adults with certain risk factors, such as people who might be potentially exposed to blood during first aid medical procedures.

Hepatitis A is another viral disease that attacks the liver. It can be caught by eating contaminated food or water. It does not form a chronic disease, but illness can last up to six months. Each year in the United States, 125,000 to 200,000 people catch this illness, and 70 to 100 die. There is a two week incubation period and many people spread this virus before they realize that they have caught it. Outbreaks can easily occur in groups due to the ease of its spreading. All children between the ages of 12 and 24 months should receive this vaccine. Persons traveling to developing countries and in certain high risk groups should also receive hepatitis A immunization.

Pneumococcal bacterial infections result in an estimated 150,000 to 570,000 cases of pneumococcal pneumonia, 16,000 to 55,000 cases of pneumococcal blood poisoning, and 3,000 to 6,000 cases of pneumococcal meningitis in the United States yearly. There are two types of vaccine available, one for infants and the other for children over two and adults. These vaccines target 80 to 90 percent of the types of pneumococcal bacteria that infect these respective age groups.

Polio is a virus that is only found in humans. Because there are no animal or insect hosts, it should be possible to wipe it off the face of the earth – if everyone could be immunized. In the United States before the vaccines were developed, every year 13,000 to 20,000 people were paralyzed by polio, and about 1,000 died from it. Polio has been eliminated from the United States, but not the world. Recently there has been a resurgence of polio with travelers importing it into 24 polio free countries. It is important to maintain our high immunization status against polio. The injectable, inactive (Salk) vaccine is given in childhood before the age of 7. **Travelers** to areas of the world where the disease is active should have a booster injection once in their adult life.

Influenza, or "the flu" as it is commonly called, kills a minimum of 36,000 persons in the United States every year, mostly elderly people. But it is important to immunize infants and young children who can also have serious illness such as middle ear infections and pneumonia from influenza. The 2008 recommendations for immunization are that everyone ages 5 through 18 years and above the age of 40 should be vaccinated for influenza. All health care workers and many other occupations and **high-risk persons** should also be immunized.

There are other important childhood vaccines that are recommended by the **CDC** for specific age groups, such as rotavirus, *Haemophilus influenzae* type b (Hib), and human papillomavirus (HPV). You should check with your healthcare provider for advice on these special circumstances.

Vaccination is one of several lifestyle choices that the BSA encourages all members of the scouting family to support.

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