

Talking to parents about vaccine concerns

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Disclosure

I have no real or perceived conflicts of interest personally or professionally that relate to this presentation

Greetings from Austin



Home of Whole Foods International Headquarters



Home of Andy Wakefield

7:43 AM



**Controversial autism doctor:
'I'm not going away'**

Question #1:

How did we get here?

Is it the media's fault?



LIVE



JENNY MCCARTHY'S AUTISM FIGHT

AUTISM



BOYS ARE MORE LIKELY THAN GIRLS
TO BE DIAGNOSED WITH AUTISM



COMPATIBLE" WITH ITS GOAL OF QUICKLY MAKING THE ITALIAN

The Internet?

On the Internet, nobody knows you're a dog.





SAFER • HEALTHIER • PEOPLE™



IP:

[NIP HOME](#)

- [First time visitor?](#)
- [About NIP](#)
- [Data and Statistics](#)
- [International Efforts](#)
- [Links to other web sites](#)
- [Glossary/ Acronyms](#)

IP sub-sites:

- [ACIP](#)
- [Flu Vaccine](#)
- [Immunization Registries](#)
- [Vaccines for Children Program](#)
- [CASA \(Clinic Assessment Program\)](#)
- [AFIX \(Grantee Assessment\)](#)
- [VACMAN](#)

NIP Site Search

National Immunization Program

leading the way to healthy lives

- CONTACT Us
- HELP
- TRAVELERS

Public NIP Home

Health Care Professionals

Partners

Media

Informacion en Espanol

In the Spotlight...for the Public

- Archived materials from NetConference, "[Current Issues in Immunization: Influenza Immunization and Vaccine Supply](#)" (Oct. 14)
- [Vaccine Delays & Availability: Flu Vaccine Update](#) (Oct. 7)
- [Interim Influenza Vaccine Recommendations – 2004-05](#) (Oct. 6)
- [Flu Bulletin Number 3](#) (Sept. 28)
- [Vaccine Quiz Helps You Decide If You Need Vaccines](#) (Sept. 8)
- More... [Archived spotlighted items](#)

Major Topics:

- [Frequently Asked For](#) | [Vaccines](#) | [Diseases](#) | [Resources](#)
- [Vaccine Safety](#) | [Specific Groups](#) | [News & Events](#)
- [Statistics & Surveillance](#)

Recommended Vaccination/ Immunization Schedules

- [Adult vaccination schedule](#)
- [Childhood & Adolescent Immunization Schedule](#)
- [Catch-up Schedule](#)
- [Make a vaccination schedule for your child \(birth to 5 years\)](#)
- > [More items...](#)

Frequently Asked For

- [Parent's Guide to Childhood Immunization](#)
- [Vaccine Info. Statements \(VIS\)](#)
- [Vaccine Recommendations from the](#)

News & Events

- [News, Newsletters, & Listservs](#)
- [What's new on this web site?](#)
- [Calendar of vaccine related events](#)
- [NIP Events and Programs](#) **New!**
- [National Adult Immunization Awareness Week](#) (Sept 26-Oct 2)
- > [More items...](#)

Diseases

- [Anthrax information](#)
- [Flu information](#) **UPDATED!**
- [Smallpox information](#)
- Diseases preventable in [children](#) and adults



NATIONAL VACCINE INFORMATION CENTER



**MAKE A DIFFERENCE,
BECOME A
MEMBER**

FREE E-NEWS
VACCINE NEWS
OF THE WEEK

[HEALTH TALK CALENDAR](#)

[ISSUES](#)

[VACCINATION DECISIONS](#)

[FREEDOM IN
VACCINATION &
INFORMED CONSENT](#)

[STATE INFORMATION](#)

[TRACKING SYSTEMS &
PRIVACY](#)

[HOMELAND SECURITY](#)

[HOT LOTS](#)

[NATIONAL VACCINE
INJURY COMPENSATION
PROGRAM](#)

[INSTITUTE OF MEDICINE
REPORTS](#)

**[Sign an on-line petition to open
vaccine databases to independent
researchers!](#)**

**[NVIC Responds to Institute of
Medicine Report:
Vaccines and Autism](#)**

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Website reconstruction
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Fears 10/9/03*

[REDFLAGSDAILY.COM](#)
*The Challenge to Mass
Vaccination 9/15/03*

[INSIGHT MAGAZINE](#)
*Vaccines fueling autism
epidemic? 6/9/03*

[CBS NEWS](#)
*THE EARLY SHOW, 12/04/
02*

[CHRISTIAN BROADCASTING](#)

WELCOME !

Vaccines or immunizations are recommended for every child born in the United States. Vaccinations shouldn't hurt a child but sometimes they do. Before your child takes the risk, find out what it is.



Click on photo to read
these children's stories

ARE WE TO BLAME?

How much time do we spend talking about vaccines?

- Nurses 9.2 minutes
- Pediatricians 3.9 minutes
- Family Practitioners 3.1 minutes

PARENT PARANOIA



STEPHANIE KLEIN-DAVIS | The Roanoke Times

Mellisa Williamson, 35, a Bullitt Avenue resident, worries about the effect on her unborn child from the sound of jackhammers.

Question #2:
How do parents approach
vaccine decisions?

**Analysis of mothers' decision-
making about vaccines for
infants: the importance of trust**

Pediatrics, 117 (5) 2006

4 Types of Parents

- Believers
- Relaxed
- Cautious
- Unconvinced

VACCINE KNOWLEDGE

- All parents had poor knowledge of vaccines
- Only 2 moms could name one vaccine given at the two-month well check at the follow-up interview
- 3 moms listed autism as a known side effect of the MMR vaccine
- Sources of info: Internet, books, Mothering Magazine

“The pediatrician respected the fact that we wanted to sit and talk for an hour and a half about vaccinations..he stayed very late one night..it wasn’t something that they could charge us for..and it’s a very busy practice.”

“Doctors don’t have the answers for me to these specific questions about vaccination...I don’t think they have the time or motivations to find me the answers..”

Vaccinators

- #1: Trust their doctor
- Feel satisfied with discussion
- Feel that vaccinating is the norm
- Believe in the social contract
- Want to prevent disease

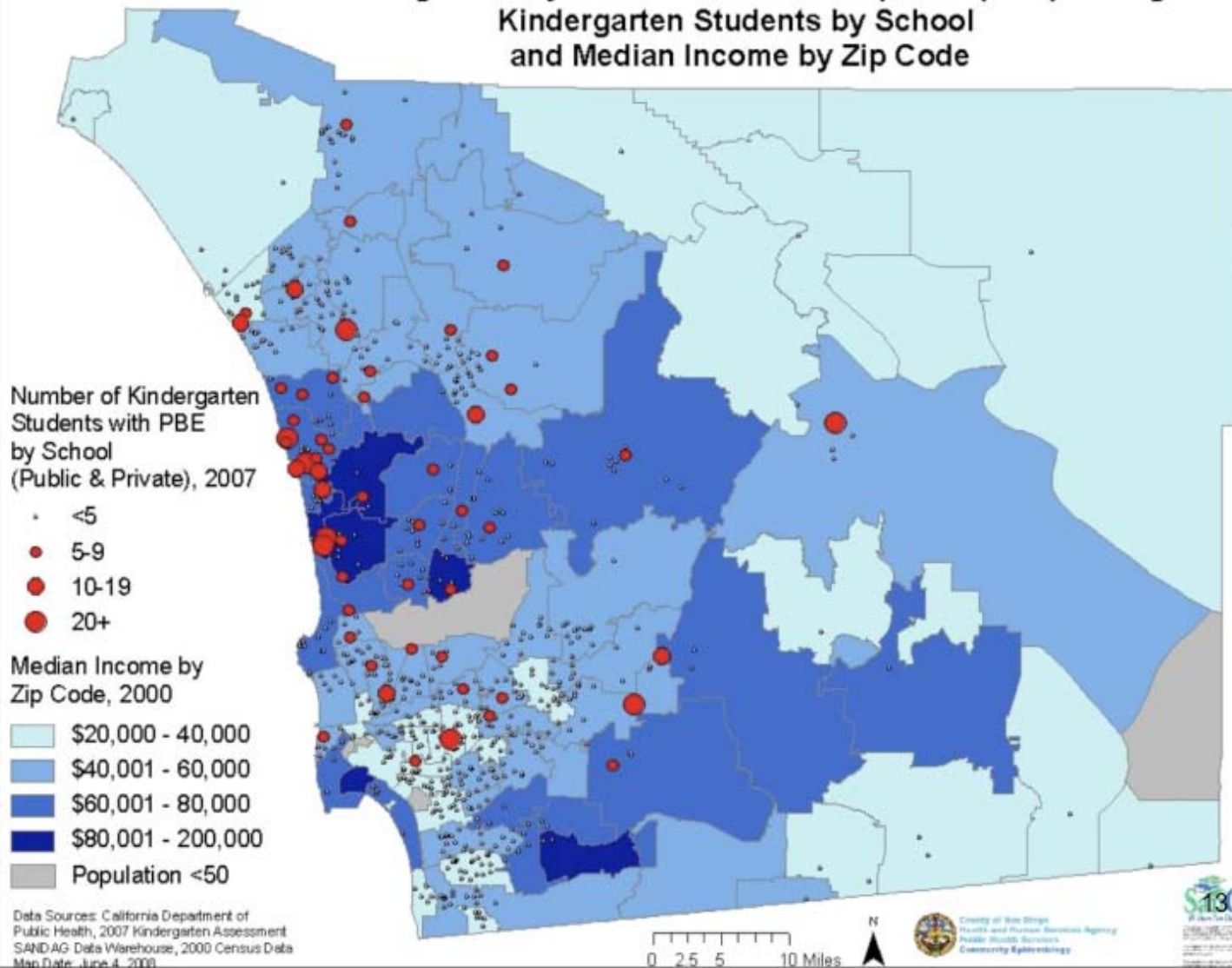
Non-Vaccinators

- Feel alienated by the doctor (poor communication, condescending)
- Have a previous medical experience leading to mistrust (misdiagnosis)
- Distrust info or motives (doc does not know and makes money on vax)
- Trust a homeopath or naturopath

Non-vaccinators

- Believe that vax-preventable diseases are rare, not serious, or easily treatable
- Worry about adverse effects
- Feel that their child is not at risk because others vaccinate (free-riding)

San Diego County Personal Belief Exemptions (PBE) among Kindergarten Students by School and Median Income by Zip Code



Parental Vaccine Safety Concerns in 2009

Freed GL, etal. *Pediatrics*
2010;125:654-59.

Key Findings

- 90% of parents agree that vaccines protect their kids & follow doc's advice
- 54% worry about serious effects
- 25% believe some vaccines cause autism
- Moms are more concerned/more likely to refuse vaccines

Question #3:
When did anti-vaccine
sentiment start?

As the World Turns



- 1796: Smallpox vaccine
- 1821: England requires
- 1830's: Antivaxxers arrive
- 1998: MMR study
- 1999: Thimerosal concerns
- 2001: T-free vaccines

But wait, there's more...

- 2004: IOM reports on MMR/ thimerosal
- Sept 2007: Jenny McCarthy
- Oct 2007: Dr Bob Sears
- Mar 2008: Hannah Poling awarded compensation for Mitochondrial d/o

Feb 2009: Omnibus #1

”The reports and advice given to the [family] by Dr. Kringsman and some other physicians ... have been very wrong... Unfortunately, [they have] been misled by physicians who are guilty, in my view, of gross medical misjudgment.”

—*Special Master Hastings*

February 2010

- Wakefield found guilty of 30 counts of medical misconduct
- Lancet retracts study
- Resignation from Thoughtful House

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, SH Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, MA Thomson, P Harvey, A Valentine, S E Davies, JA Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development, followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had ileal and/or colonic abnormalities, ranging from lymphoid nodular hyperplasia to atrophic ulceration. Histology showed patchy chronic inflammation in 11 children and reactive hyperplasia/lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.03$), low haemoglobin in four children, and low serum ferritin in three children.

Interpretation We identify associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time to possible environmental triggers.

Lancet 2008; **371**: 637–41
See Commentary page 637

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield, A Anthony, J Linnell, A P Dhillon, S E Davies, Murch), and the University Departments of Paediatric Gastroenterology (S H Murch, D M Casson, M Malik, M Berelowitz, M A Thomson), Child and Adolescent Psychiatry (M Berelowitz), Neurology (P Harvey), and Radiology (A Valentine), Royal Free Hospital and School of Medicine, London NW3 2QG, UK
Correspondence to: Dr A J Wakefield

EARLY REPORT

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and vomiting and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology as a result of a pervasive developmental disorder with loss of acquired skills and insidious symptoms of chronic abdominal pain, bloating and food intolerance, were investigated. All children were admitted to the ward for a week, accompanied by their parents.

Clinical investigations

Medical history, including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history as obtained by the senior clinician (JW-3). Neurological and psychiatric assessments were done by consultant child psychiatrists (MR) with HEMA criteria. Developmental records, including a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital, all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAJ under sedation with midazolam and propofol. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum, ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

After under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory-evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.²³ Chromatograms were scanned digitally on a computer to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antidermatophyte antibodies and boys were screened for fragile-X if this had not been done

March 2010: Omnibus #2

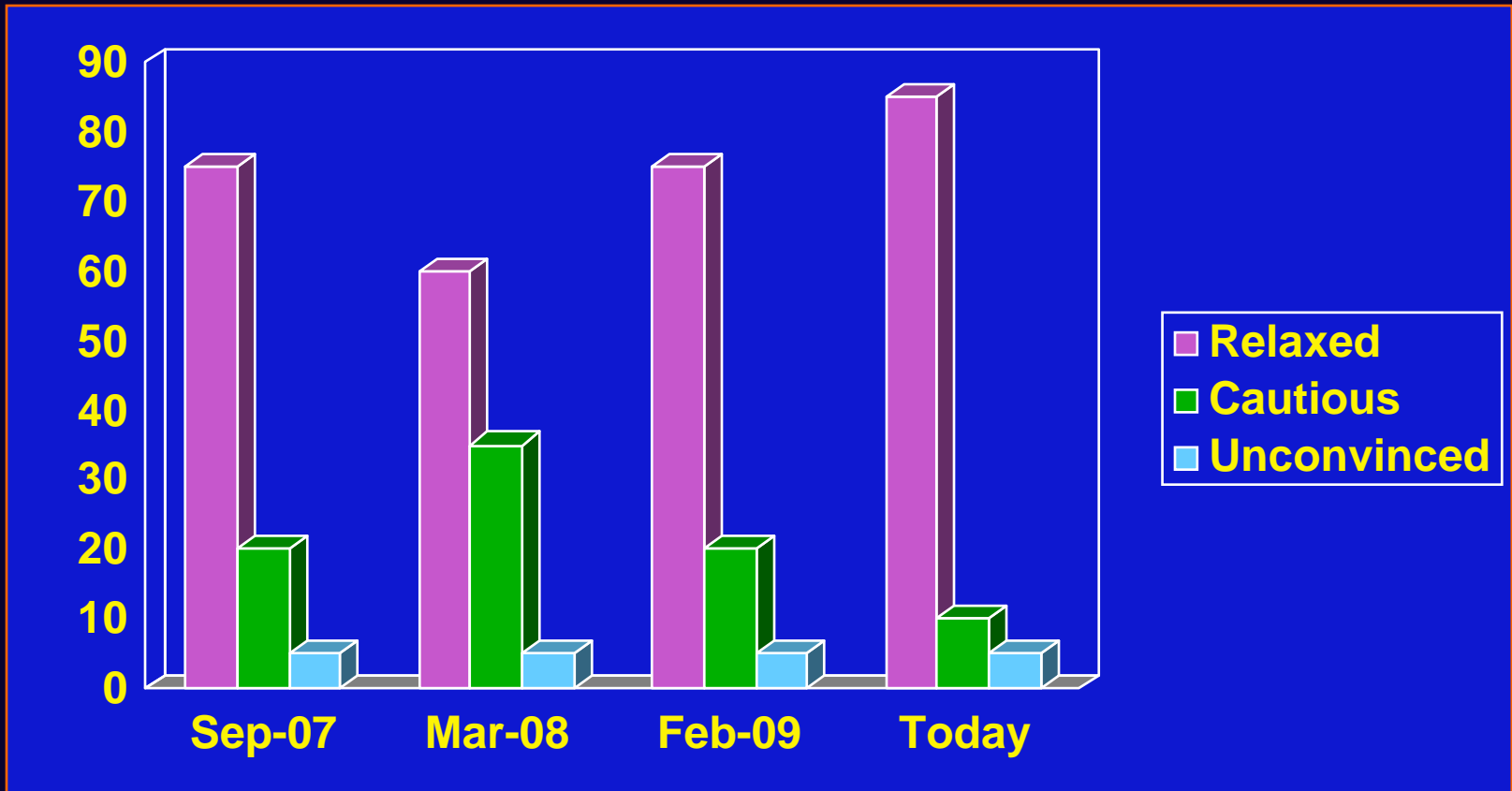
“The theory of vaccine-related causation is scientifically unsupportable.”

May 2010

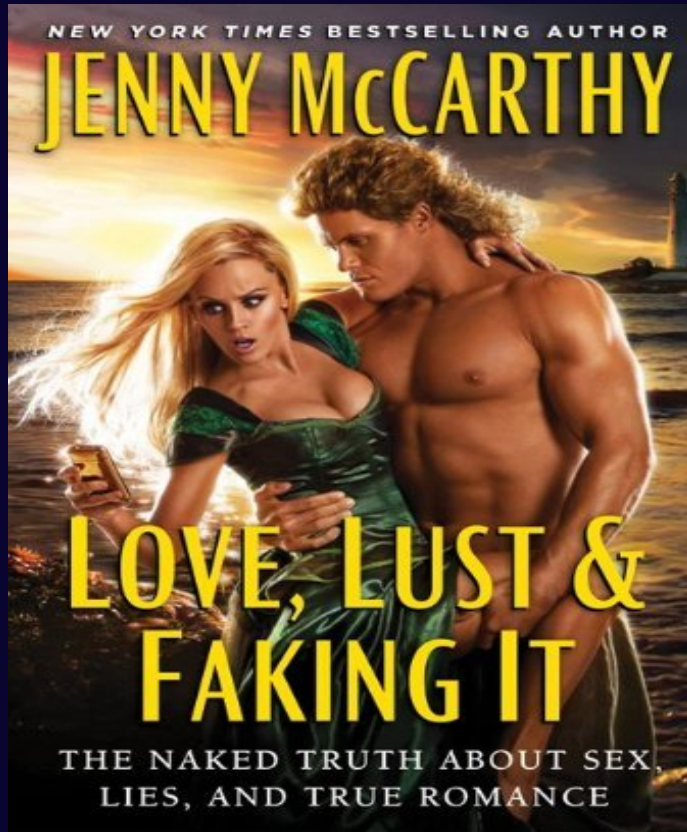


Question #4:
Where are we today?

Dr B's Worry-O-Meter



Are we done yet?



VACCINE SAFETY: THE UPROAR IS OVER....OR IS IT?

- 33% of U.S. Healthcare Workers surveyed questioned the safety of the 2009 H1N1 vaccine!
-- *National Health Interview Survey* reported by the CDC, 4/2/10 **WHY?**
- Ranked brainiest city in the country, only 60% of Boulder County's children were up to date on all recommended vaccinations in 2007! -- *The Daily Camera* 8/30/10 and 9/5/10 **WHY?**
- *Time Magazine*, "...It has been hard not to wonder if the FDA regulators have not been captured by the drug industry!"
-- 8/12/10 **WHY?**
- Dr. Andrew Wakefield's controversial research, which suggested a potential link between MMR and autism in some children, has now been replicated in five countries!

Andrew Wakefield, a UK academic gastroenterologist and surgeon, was barred from practice by the British Medical Council after daring to suggest the safety of childhood vaccines needed more comprehensive research.

In his book, Wakefield reveals the untold story of powerful pharmaceutical corporations' role in the vaccine controversy.



**Meet Dr. Wakefield
and hear the other side of the story!**

WEDNESDAY, OCTOBER 20 - 6:00PM
BOULDER PUBLIC LIBRARY'S CANYON THEATER
Parking lots on Arapahoe and on Canyon between Broadway and 9th streets

For information call 303.953.8240

No, but we're doing well!

<1% of kids 19—35 months are
not vaccinated

NIS survey 2009

Question #5:

How do we win the PR Battle?

It's a team effort

- Immunization Alliance
- Traditional Media
- Social Media
- Exam Room 1

Public Opinion Survey 08

- Most effective message: “I want what is best for my child and my patients. That’s why I recommend vaccinating.”

Messaging

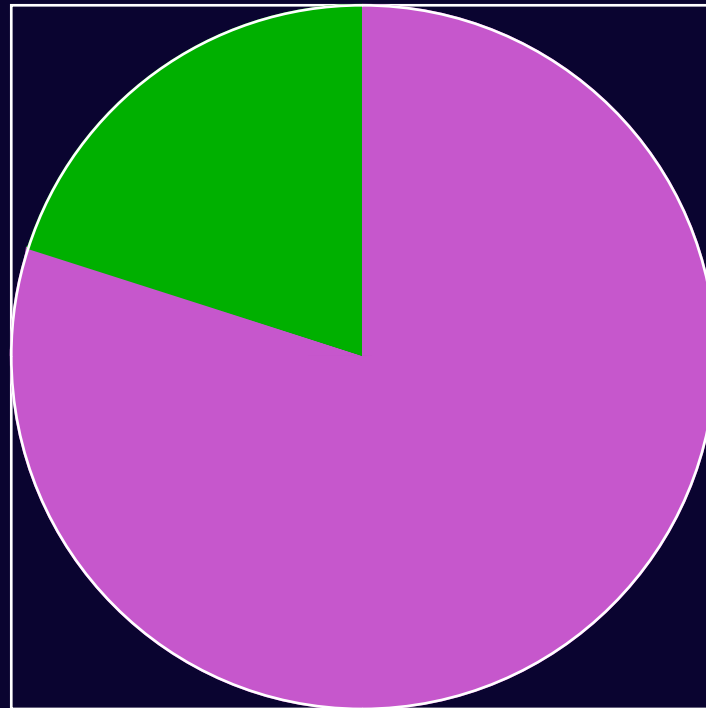
- **WANT** to be listened to and respected.
- **WANT** to be respected they want what's in child's best interest.
- **WANT** explanation from trusted source.
- **DON'T WANT** scare tactics.
- **DON'T WANT** to be scolded.



What determines credibility?

In **LOW** concern settings

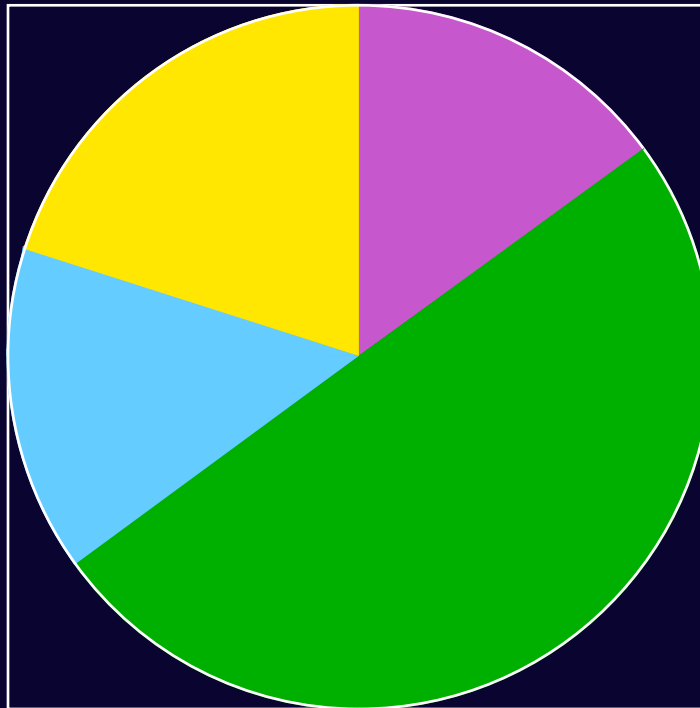
Randall Hver, NIC, 2005.



What determines credibility?

In **HIGH** concern settings

Randall Hver. NIC, 2005



- Honesty 15%
- Listening/Empathy 50%
- Expertise 15%
- Other 20%

Great Communicators



- Know their audience.
- Talk WITH them.
- Care about them.
- Don't argue.
- Don't show contempt for reasoning.
- Seek common ground.
- Listen.

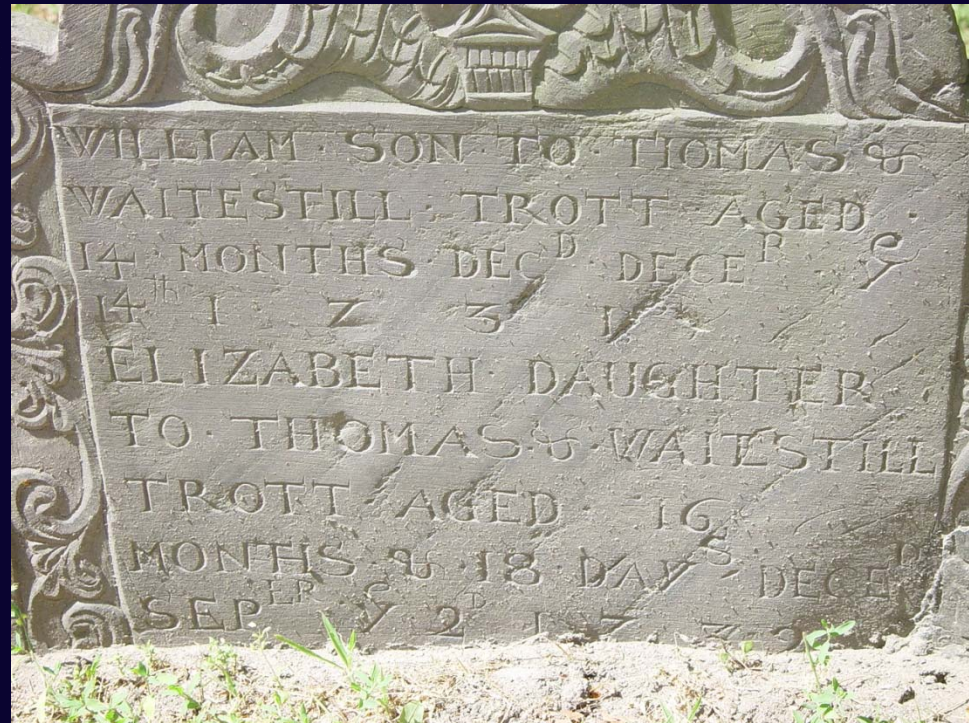
What YOU can do

- ✓ Prenatal visit
- ✓ Develop trust
- ✓ Offer reliable sources for more info
- ✓ Offer your expertise to the media
- ✓ Practice what you preach
- ✓ **DON'T GET DEFENSIVE**

Question #6: How do I
address vaccine myths?

MYTH #1

Vaccine preventable diseases are rare, not serious, and treatable.



REALITY:

- Measles outbreak 2008
- Hib outbreak 2008/09 (5 deaths)
- Mumps outbreak 2009/10 (1500 cases/
2 had meningitis, 5 pancreatitis, 55
testiculitis)
- H1N1 outbreak (~60 million/12k deaths)
- Pertussis outbreak 2009/10 (10 deaths)

MYTH #2

Too many shots, too soon.

REALITY:

- Thank goodness we have more shots.
- These are safer and smarter vaccines.
- Smallpox, oral polio, DTwP
- It may look like more shots, but the immune load is actually LESS.

MYTH #3

- Thimerosal causes autism.

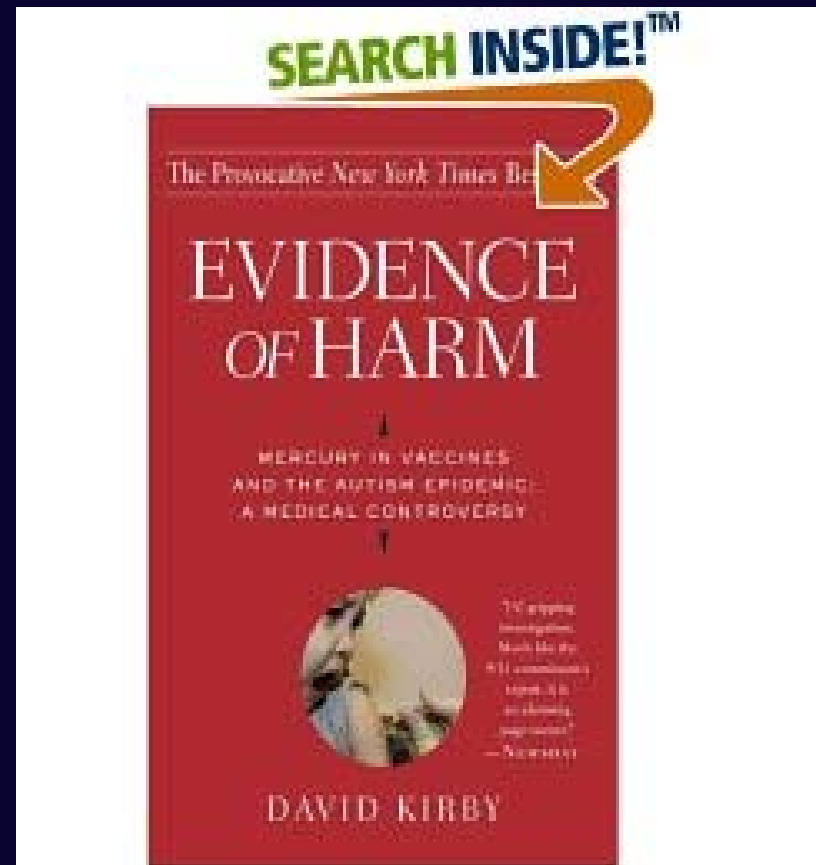


REALITY

Mercury removed in 2001.
Rates of Autism still rising.

MYTH #4

- MMR causes autism.



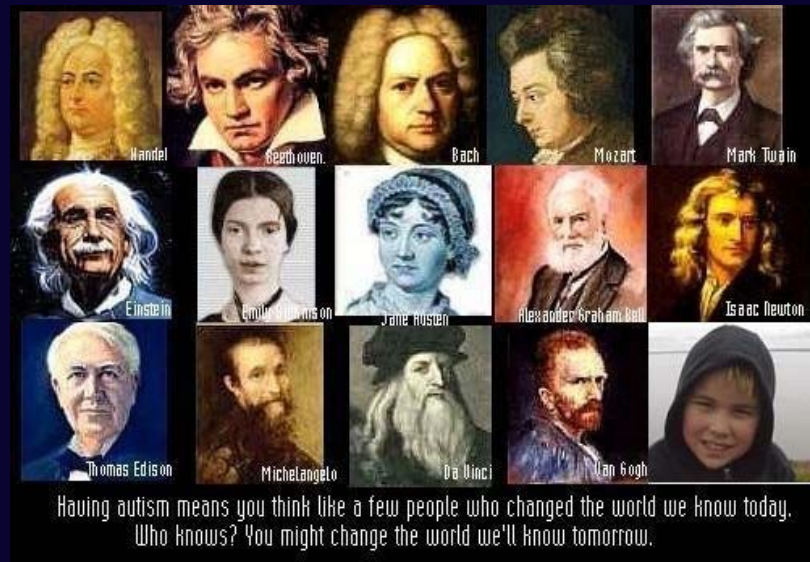
REALITY

Japan switched from MMR to
separate vaccines in 1993.

Autism rates still rising.

Reality: Causes of Autism

- Genetic: several defects, including Fragile X
- Fathers over age 40
- Extreme prematurity (<25 weeks)
- Medications during pregnancy



MYTH #5

- It's all a government conspiracy to protect Big Pharma and inject cancer-causing agents into our children.



REALITY:

This would be the largest
worldwide conspiracy in history.
Just ask your doc if she
vaccinates her child.

MYTH #6: We need to green our vaccines



IS TOO MUCH MERCURY.

A LITTLE MERCURY

brochure for the cure.

If the best cure for a disease is prevention, then we need your help. The flu vaccine is still being recommended for pregnant mothers, which translates into fetal mercury exposure.

Our children deserve to grow up without the effects of mercury damage. Will you help?

Download this brochure, make however many copies you want. Then, pass them around to those who may be at risk. Your help could limit mercury exposure in pregnant women and children.

Because a little mercury, is too much mercury.

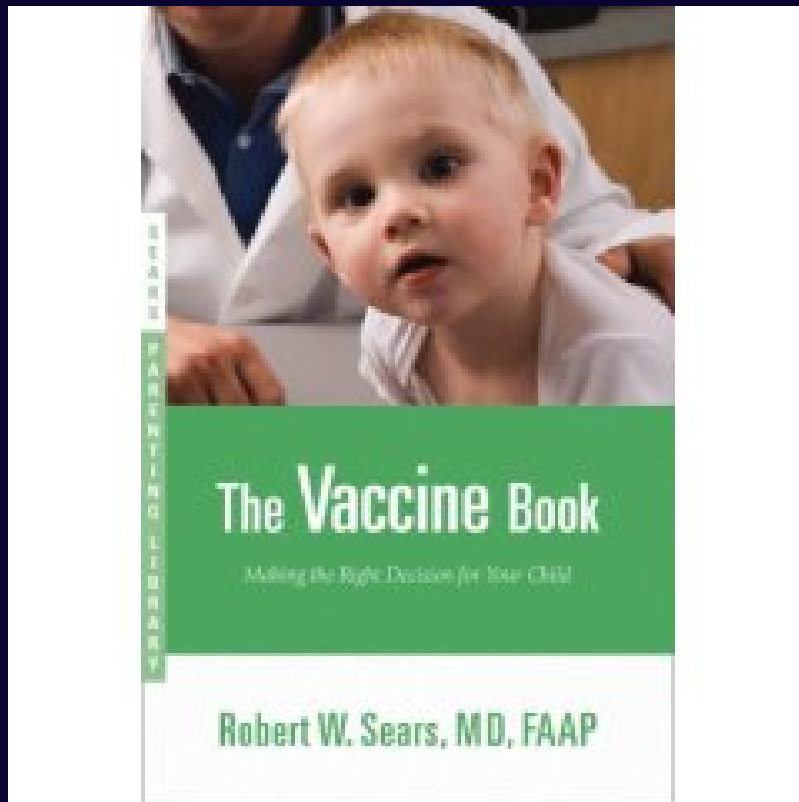
safeMinds
Seattle Center For Safety Mercury Exposure
Neurological Concerns

www.safeminds.org

REALITY

- Aluminum is the #1 metal in the earth's crust.
- It's in our water, soil, and food (including breastmilk)... and our deoderant.
- The amount is scant compared to our daily exposures.

MYTH #7:



- It's safer to use an alternative or staggered vaccination schedule

REALITY

- **Delaying vaccinations leaves the most susceptible at risk.**
- *“My schedule doesn’t have any research behind it. No one has ever studied a big group of kids using my schedule to determine if it’s safe or if it has any benefits.”—Dr Bob Sears*

Vaccine information

- [cdc.gov/vaccines/conversations](https://www.cdc.gov/vaccines/conversations)
- [aap.org](https://www.aap.org)
- vaccine.chop.edu
- immunize.org
- [baby411.com](https://www.baby411.com)



"I'm mad as hell and I'm not gonna take this anymore!"

Teaching Moments

Build a relationship, develop trust,
and educate!