

Fear of Vaccines Significant Among U.S. Parents

BY MARKETTE SMITH

Nearly one in eight parents in the United States has refused at least one physician-recommended vaccine for their child or children.

Ninety percent of the 1,552 parents surveyed online said they strongly agree that getting vaccines, like MMR, varicella, meningococcal conjugate, and HPV, can protect their children from diseases, but also said they believe those same vaccines could have serious adverse effects. Indeed, 11.5% had refused at least one physician-recommended vaccine for their child or children.

Specifically, 25% of parents said they believe some vaccines cause autism in otherwise healthy children (*Pediatrics* 2010;125:654-9).

Hispanic (37%) parents were more likely than white (22%) or black (23%) parents to believe that vaccines cause autism in healthy children. Black (15%) parents were more likely than white (12%) or Hispanic (5%) parents to have ever refused a vaccine recommended by their child's physician.

"It's reassuring that the vast majority of parents in the United States, 9 in 10, are confident about the protection that vaccines give children. However, the fact that one in four parents believe erroneously that an otherwise healthy child

can get autism from vaccines is very concerning," lead author Dr. Gary L. Freed said in an interview.

The belief by a significant amount of American parents that vaccines cause autism could stem from the widely publicized and controversial 1998 research paper published in the *Lancet* by Dr. Andrew Wakefield that suggested certain vaccines could be linked to autism. The research has since then been largely debunked by the medical and science communities and the paper retracted by the British journal.

Nevertheless, Dr. Freed said he believes the media has perpetuated the misinformation, thus, causing many parents (including 11.5% of survey participants) to take a "thanks, but no thanks" attitude toward physician recommendations of childhood vaccines.

"The media and their coverage of both the erroneous information regarding a possible link between vaccines and autism, and the celebrities who promote these untruths do a tremendous disservice to parents and children," said Dr. Freed, director of the division of general pediatrics and the child health evaluation and research unit at the University of Michigan Health System, Ann Arbor.

"The media would better serve the public if they were to focus on the information provided by those with expertise and training regarding vaccines."

Dr. Meg Fisher, chair of the section of infectious diseases at the American

Academy of Pediatrics and medical director at Children's Hospital at Monmouth Medical Center, at Longbranch, N.J., agreed, saying that pediatricians now have the responsibility to reach out to their patients and communities as a whole to dispel widely held myths and disseminate the correct information to the public.

VITALS **Major Finding:** A total of 11.5% of parents had refused at least one physician-recommended vaccine for their child or children, and 25% of parents said they believe some vaccines cause autism in otherwise healthy children

Data Source: A national online survey of 1,552 parents with at least one child 17 years of age or younger.

Disclosures: None reported.

"It is essential that we communicate with our patients and their parents. We must take the time and develop skills which allow us to communicate better," she said in an interview.

"This starts with the skill of listening

without interrupting—not easy during a 10- to 15-minute visit where lots of advice is given, and there are lots of areas to be discussed from development to safety to immunizations to medications," said Dr. Fisher. "At the public level, I think as pediatricians we should be able to talk at community gatherings, school gatherings or media opportunities. For example, I've spoken at a synagogue to a group of people and also sometimes at the hospitals."

Indeed, in the survey 88% of the parents agreed with the statement "Generally I do what my doctor recommends about vaccines for my child(ren)."

Additional reasons for childhood vaccine refusal—beyond fears of autism—included a general skepticism of newer vaccines, namely varicella, meningococcal conjugate, and HPV. HPV was the most commonly refused vaccine (56%), as 78% of parents said they believe there has not been enough research on it. A majority also felt the same way about meningococcal conjugate (67%) and varicella (55%).

Moral and ethical concerns also played a role in parental attitudes toward the HPV vaccine, as 51% said it challenged their belief system, while 59% said they believe their children are at a low risk for contracting the sexually transmitted disease. ■

Infectious Disease Expert Spells Out Top Influenza Concerns This Year

BY BRUCE JANCIN

KEYSTONE, COLO. — Where has all the seasonal influenza gone?

That's one of the questions preoccupying flu watchers during this unprecedented 2009-2010 influenza season. Another is: Will we see a third wave of the 2009 H1N1 influenza pandemic?

Seasonal flu in the United States ordinarily follows a predictable pattern. It arrives in force in January, peaks in February, and then tails off in March. This year, seasonal flu did not show up anywhere in the United States in January, aside from a few sporadic cases of no epidemiologic significance, Dr. Gwen Huitt said at a meeting on allergy and respiratory disease.

Instead, the Centers for Disease Control and Prevention's Outpatient Influenza-Like Illness Surveillance Network reported a huge peak in October, 4 months earlier than usu-

al, that was the crest of the second wave of the H1N1 pandemic. The first wave came in June 2009.

"That was a paradigm shift. It was far different than anything seen in recent history," recalled Dr. Huitt of the department of medicine at the University of Colorado, who is also an infectious disease



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specialist at National Jewish Health, both in Denver.

"We're treading uncharted territory right now, but the thing we're all concerned about is whether or not we'll have a third wave. The 1918 Spanish flu H1N1 pandemic had three waves. The second was the worst, and the third was almost as bad. So we're just waiting to see what hap-

pens," Dr. Huitt said at the meeting sponsored by National Jewish Health.

The CDC has reported 59 documented cases of oseltamivir (Tamiflu)-resistant H1N1 through January of this year. A third wave of the pandemic could turn oseltamivir resistance into a major problem. Availability of another oral drug in addition to oseltamivir and zanamivir (Relenza) would be most welcome. Unfortunately, the only anti-influenza drug in phase III testing is intravenous peramivir, although it does look promising.

Seasonal influenza A isn't being seen on a significant scale anywhere in the world right now. However, an upsurge in seasonal influenza B is underway in China.

"Fortunately, it's a strain included in our seasonal influenza vaccine, so I think our population should be fairly well covered if that virus starts appearing in North America," she said. ■

Disclosures: None reported.

Pandemic Strain Gets Nod For 2010-2011 Flu Vaccine

BY ELIZABETH MECHCATIE

BETHESDA, MD. — The influenza vaccine for the 2010-2011 influenza season in the United States should include a pandemic 2009 H1N1 strain, instead of one of the two seasonal influenza A strains in the current vaccine, a Food and Drug Administration Advisory Panel recommended.

At a meeting of the FDA's Vaccines and Related Biological Products Advisory Committee, the panel unanimously voted 12 to 0 that the current influenza A(H1N1) strain included in the 2009-2010 seasonal flu vaccine, an A/Brisbane/59/2007 (H1N1)-like virus, should be replaced with a pandemic A(H1N1) vaccine virus, an A/California/7/2009-like virus, the component of the monovalent pandemic vaccine that has been used this season.

Also included in the vaccine should be an A/Perth/16/2009 (H3N2)-like virus and a B/Brisbane/60/2008-like virus (B/Victoria lineage).

The panel's recommendation

is based on the finding that the vast majority of influenza A(H1N1) viruses circulating worldwide have been the pandemic strain. At the meeting, Nancy Cox, Ph.D., director of the influenza division, at the Centers for Disease Control and Prevention, Atlanta, told the panel that there has been very little evidence of circulating seasonal A(H1N1) influenza viruses, which "most likely pose a low risk" in the forthcoming season in the northern hemisphere.

The panel meets every year at this time to make preliminary recommendations on the components of the trivalent vaccine for the forthcoming influenza season in the northern hemisphere. It considered information on the strains circulating worldwide as well as recommendations announced by the World Health Organization for the 2010-2011 influenza vaccine.

The panel voted to replace the influenza A(H3N2) strain included in the current vaccine, with a southern hemisphere vaccine virus A/Perth/16/2009 (H3N2)-like virus. ■