With Trust, Fearful Parents Will OK Child Shots

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WASHINGTON — Even parents who don't trust vaccines might let you vaccinate their children if they trust you.

That was the conclusion drawn from a survey of parents of 7,810 children aged 19-35 months from the 2001-2002 National Immunization Survey, conducted by Philip J. Smith, Ph.D., and his associates at the Centers for Disease Control and Prevention's National Immunization Program, in Atlanta.

The majority of parents (77%) said they believed vaccines were safe and that their belief was influenced by their child's healthcare provider (physician, nurse, or other). However, 5.7% of parents reported believing that vaccines were not safe, with 2% saying they were not influenced by their child's healthcare provider and the 3.7% reporting that they were.

Another 17.2% said that they believed vaccines were safe but their belief was not influenced by a healthcare provider. This group is of concern, because "One thing we don't want to happen is that these parents' opinions migrate to the other side," Dr. Smith said at the annual meeting of the American Academy of Pediatrics.

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Parents who were not influenced by a healthcare provider were significantly more likely to say that vaccines were not safe, compared with parents who were so influenced (10.4% vs. 4.6%).

Somewhat surprising, however, were the up-to-date immunization rates among the children of the parents who believe that immunizations are not safe: 71.5% for those who said they were influenced by a healthcare provider, compared with just 55.8% of those who were not, a highly significant difference. "All this is pointing to the importance of a healthcare provider talking with the parent," Dr. Smith said.

Indeed, earlier this year the American Academy of Pediatrics published guidelines on how to respond to parental refusal of immunization for their children (Pediatrics 2005;115:1428-31). Among AAP's recommendations are to listen respectfully to what the parents have to say and not minimize their concerns. Be honest about the benefits and risks of immunization, correct any misconceptions or misinformation, and refer the parents to trusted sources such as the CDC's National Immunization Program page (www.cdc.gov/nip). ■

S. aureus Is Agent of Fatal Syndrome

Three children diagnosed with Waterhouse-Friderichsen syndrome died after rapidly progressive illness was traced to severe *Staphylococcus aureus* infection, said Patricia V. Adem, M.D., of the University of Chicago, and her associates.

The three patients—a 15-month-old girl, a 9-month-old girl, and a 17-month-old boy—had been in good health prior to the onset of infection. Premortem cultures yielded methicillin-susceptible *S. aureus* in the first patient and methicillin-resistant *S. aureus* (MRSA) in the next two patients. All the isolates were genetically related, which underscores the rise in community-associated MRSA, the investigators said (N. Engl. J. Med. 2005;353:1245-51).

Characteristics of Waterhouse-Friderichsen syndrome include petechial rash, coagulopathy, cardiovascular collapse, and bilateral adrenal hemorrhage. Although extracorporeal membrane oxygenation has been associated with adrenal hemorrhage in other studies, it was not associated with fatal illness in the two patients in this review who received it.

Noteworthy clinical features in all three children included leukopenia, neutropenia, profound tachycardia, and profound metabolic acidosis, and the course of the disease resembled fulminant meningococcemia.

Pathologic findings revealed severe sepsis and disseminated intravascular coagulation, but there was no evidence of myocarditis or endocarditis. The lungs of all three patients showed gram-positive cocci in clusters, some of which were found in the vascular walls.

—Heidi Splete