

# Tips on Dealing With ‘Vaccinophobic’ Parents

BY BRUCE JANCIN

EXPERT ANALYSIS FROM A CONFERENCE ON  
PEDIATRIC INFECTIOUS DISEASES

VAIL, COLO. — Never underestimate the power of a physician's strong personal recommendation of a vaccine in influencing parents' decisions to get their children vaccinated and perhaps themselves as well.

"It has been shown time and time again in multiple studies that one of the most critical factors in parents' acceptance of vaccines either for themselves or for their child is a personal physician recommendation for that vaccine," Dr. Marsha Anderson said at the conference, sponsored by the Children's Hospital, Denver.

This point has been brought home in studies involving several different vaccines, most recently in a national survey regarding uptake of the 2009 monovalent vaccine against pandemic H1N1 influenza, noted Dr. Anderson, a pediatric infectious disease specialist at the hospital and the University of Colorado.

The C.S. Mott Children's Hospital National Poll on Children's Health conducted a national survey of H1N1 vaccination rates as of January 2010. The survey, conducted by professional pollsters on behalf of the hospital, which is a part of the University of Michigan Health System, included a nationally representative sample of 2,246 adults. The results showed that as of last January, 29% of children and 16% of adults had received the pandemic H1N1 vaccine.

Among the 38% of participants who reported that their children's health care providers strongly recommended the vaccine, the vaccination rate was 66% in their children and 57% among the parents themselves.

With less emphatic endorsements by the physician or another health care provider, vaccine uptake rates fell off sharply. For example, when parents reported that the provider "somewhat" rather than "strongly" recommended the H1N1 vaccine, the vaccination rate was 30% for their children and 19% for the adults.

And when the health care provider was seen as "neither for nor against" the H1N1 vaccine, as was the case for the physicians of 35% of the children and 55% the adults, the vaccine uptake rate plunged to 11% among the youngsters and 7% for adults.

When Dr. Anderson polled her Vail audience of general pediatricians and family physicians as to how frequently they experienced frustrating conversations with "vaccinophobic" parents, 35% indicated it happened at least once per day on average, and another 37% said it occurred 3-4 times per week.

In a recently published survey of a nationally representative sample of more than 1,500 parents, 54% strongly agreed with the statement, "I am concerned about serious adverse effects of vaccines." One-quarter believed some vaccines cause autism, a figure that climbed to 37% among Hispanic parents. Particularly disturbing, in Dr. Anderson's view, was the finding that 11.5% of parents had refused at least one physician-recommended vaccine (*Pediatrics* 2010;125:654-9).

Among parents who had refused the measles-mumps-rubella (MMR) vaccine, 42% indicated they did not think enough research had been done on the vaccine. This was also the case among 55% of those who refused the varicella vaccine, 67% who declined the meningococcal vaccine, and 78% of parents who refused the human papillomavirus (HPV) vaccine.

When counseling parents who question the need for immunizations, Dr. Anderson said, take the time to explain why you personally recommend the vaccines—not just that it's a national recommendation and therefore it is the right thing to do, but why it's going to benefit the child. Include an explanation of the benefits versus the sometimes exaggerated risks of immunization. Include the importance of maintaining herd immunity, a description of the vaccine approval process, and the mechanisms in place to monitor vaccine safety, such as the Vaccine Safety Datalink and the Vaccine Adverse Event Reporting System, she said.

## Useful Web Sites for Vaccination Information

► **Centers for Disease Control and Prevention vaccine safety:** [www.cdc.gov/vaccinesafety/index.html](http://www.cdc.gov/vaccinesafety/index.html)

► **CDC Vaccine Information Statements:** [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm)

► **National Vaccine Advisory Committee Vaccine Safety Working Group:** [www.hhs.gov/nvpo/nvac/vaccinesafety.html](http://www.hhs.gov/nvpo/nvac/vaccinesafety.html)

► **"Vaccine Safety Research, Data Access, and Public Trust"** (Washington: Institute of Medicine, 2005): [www.nap.edu/catalog/11234.html](http://www.nap.edu/catalog/11234.html)

► **Clinical Immunization Safety Assessment:** [www.cdc.gov/vaccinesafety/Activities/cisa.html](http://www.cdc.gov/vaccinesafety/Activities/cisa.html)

► **Children's Hospital of Philadelphia Vaccine Education Center:** [www.chop.edu/service/vaccine-education-center/home.html](http://www.chop.edu/service/vaccine-education-center/home.html)

Source: Dr. Anderson

Many parents love to do their research at what she called "the University of Google," where they can encounter biased and inaccurate sites that focus on rare negative events. She provided a list of alternative sites where they can find more reliable information. (See sidebar above.)

Dr. Anderson disclosed that she has served as a speaker for Merck & Co., Novartis, and Sanofi Pasteur, all of which make vaccines. ■

## ID CONSULT

# Don't Be Complacent About Polio

As physicians who vaccinate children, we are becoming too complacent about polio. The risk has not disappeared. On the contrary, it's just a plane ride away.

Of recent concern, an ongoing outbreak of polio in Tajikistan and possibly Uzbekistan represents the first importation of polio in the World Health Organization European Region since it was certified polio free in 2002. This is alarming, and the media have not given it enough attention.

As of this spring, the Tajikistan Ministry of Health has reported 432 cases of acute flaccid paralysis, of which 129 were confirmed as polio. Of the confirmed cases, 107 were children aged 5 years or younger. Twelve deaths were reported.

In Uzbekistan, several cases of acute flaccid paralysis have been reported near the border with Tajikistan, according to the Centers for Disease Control and Prevention. The recent flooding in nearby Pakistan is also cause for concern, be-

cause the disease remains endemic there and may be easily spread in the unsanitary conditions that exist now.

Indeed, Pakistan is one of four countries in which wild poliovirus circulation has never been interrupted. The others are India, Afghanistan, and Nigeria. But since 2005, imported poliovirus has been reported in a long list of countries. In the past year, those have included Angola, Chad, Ethiopia, Indonesia, Nepal, Somalia, and Uganda.

We had been doing well prior to 2005. Between 1988 and 2004, global eradication efforts—in particular, the Global Polio Eradication Initiative—reduced the number of polio cases from 350,000 annually to a low of 1,189 cases. But in 2005, the number of cases rose again to 1,831 from an epidemic that originated in northern Nigeria and spread to 21 previously polio-free countries.

Here in the United States in 2005, the Minnesota Department of Health identified four cases of poliovirus infections in unvaccinated children who were mem-

bers of an Amish community. The index case, a 7-month-old girl who was confirmed to have severe combined immune deficiency following admission for failure to thrive and pneumonia, was found to have poliovirus in her stool culture, which was confirmed to be vaccine derived. Neither the index patient nor her family had any history of international travel. The CDC determined that the source of the virus was most likely a person who had received the oral poliovirus vaccine (OPV) in another country.

This report was the first identification of a vaccine-derived poliovirus in the United States and the first occurrence of transmission in a community since OPV vaccinations were discontinued in 2000 (*MMWR* 2005;54:1053-5). None of those children developed paralytic disease, but the CDC issued a warning nonetheless, pointing out that the virus is considered to have potential for wider transmission and for causing paralytic disease.

Since 2005, while cases have been reported elsewhere in the world, we've not heard about any in the United States. I fear that with many parents now requesting that some vaccinations be delayed or

skipped entirely, it will be tempting for clinicians to select out the polio vaccine simply because they haven't seen polio and therefore perceive it as less of a threat.

But it isn't. Families travel to all parts of the world with their children. Teenagers travel on educational and charitable missions. And of course, people from all over the world visit the United States. Polio could easily return here if we become complacent about vaccinating.

We must continue providing the inactivated polio vaccine (IPV) to children at ages 2 months, 4 months, 6-18 months, and 4-6 years. Travelers who have incomplete or unknown immunization status should also receive three doses of IPV (two doses at 4- to 8-week intervals).

We succeeded in eradicating smallpox, and polio is slated to be next on the list. This is no time to let our guard down. ■



BY MARY ANNE JACKSON, M.D.

DR. JACKSON is chief of pediatric infectious diseases at Children's Mercy Hospital, Kansas City, Mo., and professor of pediatrics at the University of Missouri-Kansas City. Dr. Jackson said she had no relevant financial disclosures to make. E-mail her at [fpnews@elsevier.com](mailto:fpnews@elsevier.com).