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## National Infant Immunization Week Highlights Importance of Vaccinations

### *Recent Outbreaks Show Need for Education of Parents*

By David Mitchell

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National Infant Immunization Week, or NIIW, is scheduled for April 25-May 2, giving doctors and public health officials an opportunity to emphasize the importance of protecting children from 14 vaccine-preventable diseases.

A [list of nationwide NIIW events and various online resources](#) for parents and health professionals is available from the CDC.

"I think it's great to have a time set aside to recognize the importance of vaccinations, but ... with the recent outbreak of Hib (*Haemophilus influenzae* type b infection) in Minnesota and Pennsylvania and in other areas -- as well as measles outbreaks -- it seems like *every* week is infant immunization week," said Paul Offit, M.D., chief of the Division of Infectious Diseases and Maurice R. Hilleman Professor of Vaccinology at The Children's Hospital of Philadelphia. "You'd like to think that there's enough historical information out there that vaccines are important that (we) wouldn't have to keep reminding people, but I guess we do."

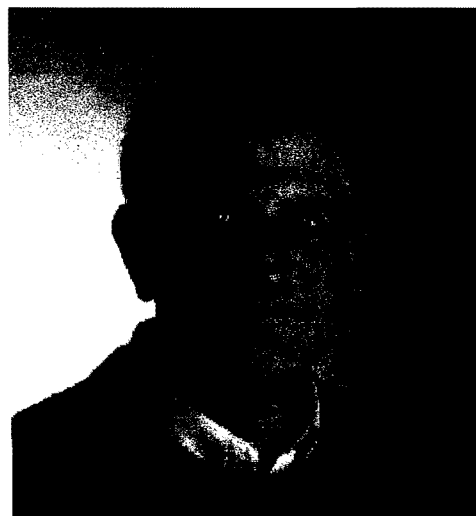


Photo courtesy of Paul Offit, M.D.

Immunization expert Paul Offit, M.D.

#### TAKE ADVANTAGE OF FREE IMMUNIZATION RESOURCES

In addition to the National Infant Immunization Week resources available on the CDC Web site, the Children's Hospital of Philadelphia has [free information tear sheets and booklets](#) on a variety of vaccine-related topics -- including autism, thimerosal and specific vaccines -- that can be

Pennsylvania and Minnesota each have had outbreaks of [invasive \*Haemophilus influenzae\* disease](#) in the past year, resulting in the deaths of four children who were unvaccinated or undervaccinated.

Moreover, the Pennsylvania Department of Health has received reports of a total of seven cases of measles in [Westmoreland County](#) and [Allegheny County](#) since March 31, in addition to another case reported in [February](#). Some of those patients were unvaccinated or undervaccinated, said Pennsylvania public

downloaded from its Web site.

The American Academy of Pediatricians also is offering a podcast available that provides tips about dealing with vaccine misinformation and hesitant parents. It can be downloaded free of charge through April 30.

And, of course, clinicians can access the 2009 Recommended Childhood Immunization Schedule and other resources directly from the AAFP Web site.

undervaccinated will be seen as a risky place to go," he noted.

Offit said a small percentage of physicians are refusing to treat children of parents who reject vaccines. He added that when a physician tells a parent that he or she is unwilling to subject that parent's child to substandard care that could expose the child to harm, the parent often is convinced to immunize the child.

However, Alan Janssen, M.S.P.H., a health communications specialist with the CDC's National Center for Immunization and Respiratory Diseases who also presented at the immunization conference, said focus group projects in Texas, Washington and Florida have revealed that some family physicians and pediatricians have become more willing to work with cautious parents in an effort to get all appropriate vaccinations administered. In some cases, he noted, these physicians have agreed to space out the recommended immunizations.

Many parents are concerned that their children receive too many shots too soon and too many at one time, Janssen said.

Such concerns, according to Offit, are understandable but misguided. He said that in 1980, U.S. children were recommended to receive only three vaccines by age 2 -- diphtheria, tetanus toxoid and whole-cell pertussis vaccine, poliovirus vaccine, and the combination mumps, measles and rubella vaccine. Children received a total of five inoculations, with no more than two occurring in any one office visit, and were protected from seven diseases.

Today, children receive 26 inoculations by age 2 and as many as five at one time for protection from 14 diseases. However, said Offit, improved vaccine manufacturing practices have decreased the number of antigens a child receives by age 2 from 3,041 in 1980 to about 150 today.

Offit said that delaying vaccines increases the period of time during which a child is susceptible to infection without any benefit. Spreading out the vaccines also means more office visits, which could increase a child's

health officials, and may have been exposed during hospital visits.

Offit said that's a good example of why parents should vaccinate their children and do so without delaying or altering the recommended immunization schedule. The co-author of a recent article in *Pediatrics* that discusses problems stemming from use of alternative immunization schedules, he gave a presentation on the topic at the CDC's National Immunization Conference in Dallas.

Remember, too, that young patients who present to the physician's office when they're sick with a vaccine-preventable disease may be putting other children at risk, said Offit. "I think there may be a time in the future when doctors who are much more willing to see patients who are unvaccinated or

risk for exposure to diseases.

"We want people to participate in the health care of their children," he said. "On the other hand, how far do you go when they make a terrible decision?"



The parents of the unvaccinated and undervaccinated children who contracted Hib disease in Pennsylvania made terrible choices, Offit said, and physicians need to do what they can to prevent such tragedies.

"When you allow that to happen, you're complicit in the choice," he said. "You're the doctor, and you've said it's OK. You want to be open-minded, and you want to be fair. You don't want the parent to see you as an 'I-know-what's-best-so-listen-to-me' kind of doctor, but there is a price to pay for that when you cede your expertise."

Thomas Koinis, M.D., chair of the AAFP Commission on Health of the Public and Science's Subcommittee on Clinical Preventive Services, said family physicians should remember that they can use any visit -- not just well-child visits -- to review and update immunizations. Family doctors also can use NIIW to remind parents that immunizations can protect entire families, he noted.

"Adults can both get sick from pertussis, as well as transmit it to infants who are not fully immunized," he said. "NIIW is an excellent time to advise parents to update their own tetanus status with Tdap and protect their children and themselves from pertussis."

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