



# Informing Your Patients About Vaccines: Building Knowledge and Trust

By Barbara Loe Fisher

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**Barbara Loe Fisher** is co-founder and president of the National Vaccine Information Center (NVIC). She is the co-author of *DPT: A Shot in the Dark* (Harcourt Brace Jovanovich 1985; Warner 1986; Avery 1991); author of *The Consumer's Guide to Childhood Vaccines* (NVIC 1997) and editor of *THE VACCINE REACTION*.

During the early 1980's, she helped launch a grassroots movement to bring the issue of vaccine safety to public attention, including leading demonstrations at the Centers for Disease Control in Atlanta and the White House in 1986. Her book, *DPT: A Shot in the Dark*, which she co-authored with Harris Coulter, Ph.D., was the first major, well

documented critique of America's mass vaccination system calling for safety reforms and the right to informed consent to vaccination.

She served on the National Vaccine Advisory Committee for four years and was appointed to the Institute of Medicine Vaccine Safety Forum in 1995, where she has helped to coordinate five public workshops on vaccine safety issues. She has represented health care consumers at many scientific conferences, government meetings and legislative hearings and is a featured speaker at health care conferences in the U.S. and Canada. As NVIC's public spokesperson, she has contributed to numerous newspaper and magazine articles about vaccine safety and appears on national radio and television programs discussing vaccines and diseases and advocating informed consent to vaccination.

The mother of three children, her oldest son was left with multiple learning disabilities and attention deficit disorder after a severe reaction to his fourth DPT shot in 1980 when he was two and a half years old.

The National Vaccine Information Center website is [www.909shot.com](http://www.909shot.com) and is a tremendous resource for parents and doctors alike.

While smallpox and polio are no longer seen in America and epidemics of infectious measles, mumps and rubella have been almost eliminated,

epidemics of chronic disease and disability now plague our children and young adults. In the past two decades, the number of doses of vaccines

required for entry to school has nearly doubled. At the same time the number of children suffering from asthma, learning disabilities, ADHD, diabetes and autism has more than doubled. Vaccination rates among children entering kindergarten in America are at an all-time high because of stringently enforced mandatory vaccination laws, but public confidence in mass vaccination programs is at an all-time low because of unanswered questions about vaccine safety.

As more and more parents are reporting that their once healthy children have regressed into chronic illness following vaccination, the vaccine safety and informed consent movement, begun by parents of vaccine injured children in 1982, is having a significant effect on public understanding of the benefits and risks of vaccination. Every time vaccine manufacturers and medical organizations lobby state legislators to add another vaccine to state vaccine requirements, public support for

the right to make informed, voluntary vaccine decisions grows. Doctors, caught between better informed patients demanding vaccine choices and state dictates demanding adherence to one-size-fits-all vaccine policies are facing a communication crisis.

## Know Both Sides of the Debate:

The enlightened doctor who appreciates the fact that informed parents want to be equal partners in making healthcare decisions for children will become educated and conversant about vaccines and the central arguments on both sides of the vaccine safety debate. The National Vaccine Information Center, which is operated by the parents who launched the vaccine safety and informed consent movement two decades ago, has a large website ([www.909shot.com](http://www.909shot.com)) that gives access to both sides of the story: vaccine safety advocacy information as well as links to government – *Continued on back*

health agency websites.

### **Vaccine Components and Efficacy:**

Vaccines theoretically work on the principle of protection by artificially stimulating the immune system to produce antibodies to overcome a disease in the same way the natural disease stimulates immunity. However, vaccines do not work in the body the same way as natural disease. Composed of lab-altered live viruses or killed bacteria as well as additives, such as aluminum, mercury, sodium chloride, gelatin, antibiotics, sorbitol, pheno-xyethanol, formaldehyde, yeast protein, phosphate, and glutamate, vaccines at best offer temporary, artificial immunity rather than the more permanent, cell mediated immunity conferred by recovery from natural infection.

Booster doses of all vaccines are required to extend the temporary immunity and sometimes even temporary immunity is not achieved. In outbreaks of measles and pertussis in the past few decades, many reported cases were in children and adults who had been fully vaccinated, according to government guidelines.

### **Vaccine Risks:**

Every vaccine, like every drug, carries an inherent risk of injury or death, but some vaccines have been associated with higher risks than others. For example, one US study found that 1 in 875 DPT shots was followed by a convulsion or collapse/shock while a British study found that 1 in 310,000 DPT shots is followed by permanent brain damage. The estimated risk for DT vaccine and the purified DTaP vaccine, however, is much lower. The live polio vaccine (OPV) can cause

polio in the recently vaccinated child or in someone who comes in contact with that child's body fluids. OPV now has been replaced in the US by the killed or inactivated polio vaccine (IPV), which cannot cause polio. Recent vaccine reaction reports have associated live MMR vaccine as well as mercury-containing vaccines (such as DPT and hepatitis B) with autism while the new varicella zoster (chicken pox) and pneumococcal vaccines have been associated with convulsions. Less than 10 percent of all doctors report vaccine-related serious health problems to the government's Vaccine Adverse Events Reporting System and so there is little information on exactly how widespread vaccine reactions are in the child population.

### **State Required Vaccines:**

Vaccine laws are a matter of state, not federal, law. But federal recommendations from the Centers for Disease Control for "universal use" of a new vaccine are often treated as "law" by state health officials who join with vaccine manufacturers and medical organizations to lobby state legislatures for new vaccine mandates. As added incentive, the federal government gives money to states that maintain high vaccination rates and add new vaccine mandates. In the past two decades, the numbers of doses of vaccines recommended by the CDC for "universal use" by all children has increased from 23 doses of 7 seven vaccines to 37 doses of 11 vaccines. Most states now require 33 doses of 10 vaccines, including diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, haemophilus influenza B, hepatitis B, and chicken pox. Pneumococcal vaccine, added to the universal

use list last year, is beginning to be required for daycare entry in several states.

### **Exemptions Available But Threatened:**

There are exemptions built into state vaccine laws but they vary from state to state. All states have medical exemptions but they must be written by an M.D. or D.O. Every state except Mississippi and West Virginia have religious exemption to vaccination but the restrictions on this exemption differ, with some states requiring parents to belong to a church with a tenet opposing vaccination while others require a letter from a pastor, priest, rabbi or "spiritual advisor." Sixteen states offer a personal, philosophical or conscientious belief exemption. Check your state laws so you can inform your patients of their exemption rights.

In the past two years, state and federal public health officials have published attacks on the religious and philosophical exemptions in major medical journals. These and other signs point to an attempt to limit the informed consent rights of Americans when it comes to vaccination. In 2000, the National Vaccine Information Center joined with chiropractors in Iowa to defeat an attempt to eliminate religious exemption to vaccination in that state.

### **What You can Do:**

The goal of every patient-doctor encounter should be shared, informed, voluntary decision making. Chiropractors, who care for families and are educated about the vaccine safety issue, will be in the best position to assist families with making informed vaccination decisions and to encourage them to stand up for their

informed consent rights. Let your families know about NVIC's free E-Mail Vaccine News Service available on [www.909shot.com/emaillist.htm](http://www.909shot.com/emaillist.htm) that will keep them up-to-date on the latest news about vaccines and vaccine law changes in their state – and sign up yourself! Become a supporter of NVIC and help us help everyone hold the line on new vaccine mandates so that we have the right in America to make fully informed, voluntary healthcare decisions for ourselves and our families.

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