- 1. The greatest *health advance* for children in the 20th century was?
 - A) sanitation
 - B) antibiotics
 - C) immunization
 - D) oral rehydration
 - E) safe anaesthesia

2. The most successful immunization programme ever was?

- A) polio
- B) BCG
- C) measles
- D) HiB
- E) diphtheria

- 3. The single most effective health intervention a GP can make for a child is:
 - A) newborn screening (Guthrie)
 - B) six week check
 - C) encourage breastfeeding
 - D) immunization
 - E) preventing obesity

4. In the year I was born how many Irish children <u>died</u> of the combined effects of measles, diphtheria, and pertussis?

A) 100

B) 200

C) 300

D) 400

E) 500

5. The average Irish child receives how many individual immunizations:

A) 14

B) 12

C) 10

D) 8

E) 6

6. The next vaccine added to the Irish schedule should be:

- A) hepatitis B
- B) pneumococcal vaccine
- C) rotavirus vaccine
- D) varicella vaccine
- E) RSV vaccine

7. Of the administered vaccines which is the most likely to cause a minor local reaction?

- A) diphtheria
- B) BCG
- C) pertussis
- D) HiB
- E) measles

8. Autism is caused by:

- A) mercury
- B) aluminium
- C) acellular pertussis
- D) measles vaccine
- E) none of the above

9. In the event of a serious vaccine associated adverse event the parents should:

- A) sue the doctor
- B) sue the HSE
- C) sue the company
- D) seek compensation
- E) speak to the media

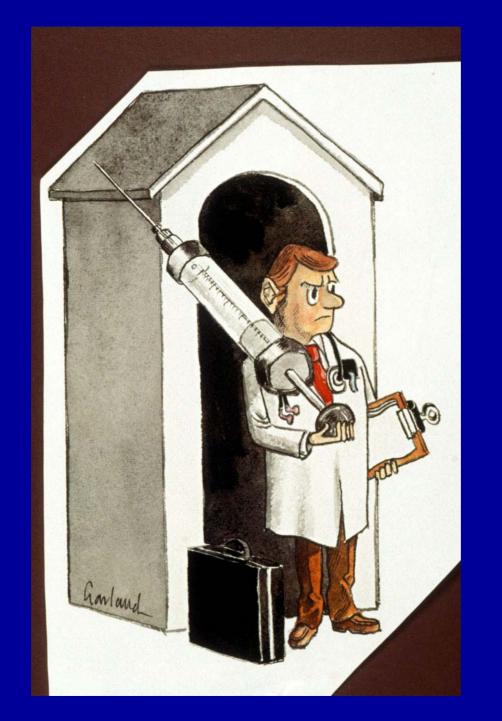
10.In an effort to get immunization uptake over 90 per cent, the best approach is:

- A) more education
- B) more information
- C) subtle coercion
- D) legal compulsion
- E) better documentation / data

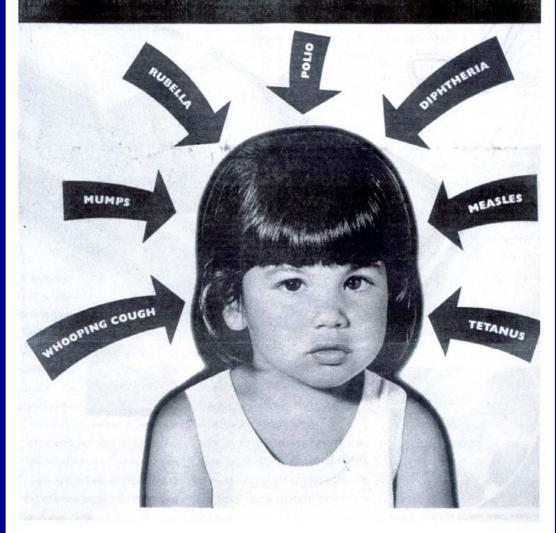


Figure 1.2 A ward of patients suffering from bulbar poliomyelitis

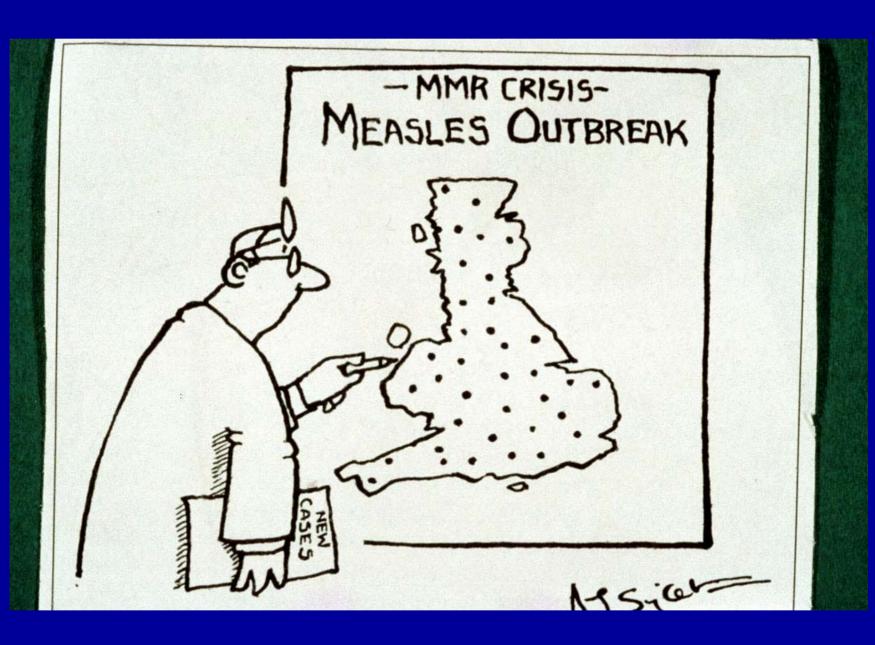




CHILDHOOD DISEASES HAVEN'T DIED. CHILDREN HAVE.







VACCINATION OR VACILLATION?

- Consistent information
- Encouraging attitude
- •Information education persuasion
- •Balance sheet *very positive* in favour of vaccination.

Parents to-day are more concerned about alleged adverse

Effects of vaccinations than the conditions they protect against.

If a child gets a complication of measles, that's

THE WILL OF GOD

If a child gets a side-effects of MMR, that's

WHO WILL I SUE

VACCINE REACTIONS.

Malchance VS. Malpractice

VACCINATION REACTIONS: CONSIDERATIONS.

- •A temporal relationship between 2 events does not imply cause and effect.
- Should we expect vaccine reactions to occur within 24 hours of administration?
- •If one did *nothing* to a sample of 200 infants on any given day, what might happen to a few of them.

VACCINATION REATIONS: PROBLEMS.

- •Multicomponent vaccines 5 in 1, 6 in 1.

 Deciding which component caused the reaction.
- •Determining whether reaction due to vaccine or to coincidental illness.
- •Achieving reasonable levels of proof that alleged reaction is due to the vaccine.

VACCINE REACTIONS.

MINOR MAJOR

Expected Unexpected

Local Generalized

<u>Common</u> <u>Rare</u>

VACCINE CONSTITUENTS → REACTION

- Bacterial antigen
- Aluminium
- Stabilizing agent
- Other diluent constituent
- Antibiotic (neomycin)
- mercury

IN HOSPITAL VACCINATION

- Anxious parents
- Anxious doctors
- Previous severe reaction
- Worry re "anaphylaxis "

HOSPITAL VACCINATION CLINIC.

No reactions

No telephone calls

No recalls

No admissions

DAY WARD VACCINATION.

Therapeutic environment

Informed consent, reassurance

Nursing observations

Crash trolley: adrenaline

hydrocortisone

Anaesthetic backup.

Anti-Vaccinationists.

- * concerns re safety and efficacy
- * mistrust of Government
- * "Naturalists" alternatives
- * conspiracy theorists
- * conscientious objectors
- * quacks and cranks

Arguments against immunization

- Homeopathy
- Religious beliefs
- "overloading immune system"
- Medical myths: mercury, aluminium, allergy, healthy children
- Fear of figmentary side effects: autism, brain damage
- * Medical tyranny

- Children's diseases have not died because of:
 - Improved hygiene
 - Improved nutrition
 - Improved health
 - Improved economics
- These reduce but do not eradicate infectious diseases
- Infectious diseases return when children are not immunized.

Measles: lessons from history

Has virus gone away?

 Is measles 2006 different from measles in Hippocratic times?

 Measles outbreaks Ireland, Germany, US, etc. 2000-2006

DISPEL VACCINATION MYTHS.

- No collusion between vaccine manufactures and doctors/nurses
- Nurses/doctors do <u>not</u> vaccinate just to make money
- •AAP, RCPCH, RCPI, paediatric academies, WHO, UNICEF <u>not</u> involved in conspiracy to harm children.
- Bacteria + viruses have <u>not</u> disappeared.
 Improved sanitation, nutrition, economics improve childrens' ability to fight illness but do <u>not</u> prevent measles, pertussis, polio, etc.

COMPULSION

COERCION

PERSUASION

EDUCATION

INFORMATION

Immunization uptake

100% = disease eradication

• 90-95% = disease elimination

• > 80% = disease control

< 70% = outbreaks, mini-epidemics possible

KNOWN ATTRIBUTABLE RISKS OF CHILDHOOD VACCINES.

Vaccine	Adverse events	Risks (per 100,00 doses
DTaP	febrile seizures	10 – 30
MMR	febrile seizures	33
MMR	thrombocytopenia	2.5 – 3.3.
DTP	acute encephalopathy	0 – 1
DTaP	hypotonic – unresponsive	0 – 140

- Chen, Mootrey, De Stefano (cDc, USA)
Paediatric Drugs 2000

VACCINE ASSOCIATED EVENT REPORTING SYSTEM.

- Epidemiological evidence
- Strength of association
- Analytical bias
- Dose response
- Statistical significance
- Consistency
- Biological plausibility
- basis for assessing causality

IMMUNIZATION

Stay positive

- Keep the faith
- •* Confront concerns
- •* Take on the media
- * Keep on political agenda.

QUESTIONS.

- Should <u>access</u> to safe and effective immunization be a stated right of children (in UN Charter)?
- * Should a <u>record</u> of immunization status be compulsory on entry to primary school.