



Immunity Impunity

Myths and facts
about vaccinations

H1N1: Swine flu

H1N1 is a specific strain of Influenza Type A that spreads in the same manner as the more common strains of influenza, through the respiratory droplets (coughing, sneezing) of infected individuals. The regular flu vaccine to be used for the 2009-2010 season, which was developed early in 2009, will not protect against H1N1. The CDC, says Dr. Larry Elfman, will be monitoring worldwide activity over the summer and then make a recommendation regarding a potential additional shot to cover H1N1 later this year. Dr. Jim Conway adds that while most people think flu shot season is October through December, it's never too late to get vaccinated, as flu "circulates for much longer than people think."

And one more thing: Grandma was right.

"Wash your hands, cover your mouth and rest when you're sick," says Conway. "Flu doesn't magically fly through the air. Use common sense and common courtesy, and, even if swine flu shows up again in the fall, if you adopt those things, it won't have the opportunity to take hold."

By Amanda N. Wegner

They say that the top taboo topics are religion, sex and politics.

For some parents, add "immunizations" to the list.

"Immunizations are such a controversial and hot topic amongst parents and in the media," says McFarland mom Kimberly Genné.

Every parent is entitled to their own opinion. But sticking to the facts, "immunizations work," says Dr. Larry Elfman, Dean West Clinic. "They protect against infection that might lead to, at best, significant and often prolonged illness and, at worst, death."

Public health issue

Vaccinating individual children leads to "herd immunity," says Elfman, keeping infectious organisms out of circulation in schools, communities, even an entire hemisphere. Take, for instance, a story right out of Wisconsin last year. A measles outbreak in southeastern Wisconsin began with a toddler who had not been immunized for measles. The disease then spread to other individuals throughout the region, both children and adults, who had not been fully inoculated against measles, which is one of the most contagious airborne diseases.

"I really believe immunizations are the most important public health thing that has been done, ever," says Dr. Jim Conway, head of pediatric infectious disease for UW Hospital and Clinics. "In medicine, our goal is to prevent as much disease as possible. For a long time, our system has been broken because we're treating after the fact instead of before. But immunizations are a prevention, a success."

But prevention requires protection. In our global society, it's easy for a

pathogen to move from place to place; the recent H1N1 outbreak being a prime example. For people who have chosen to refrain from immunizations, if they're in the right place at the right time, the stakes are high.

It's your choice

Parents are allowed to abstain from having their child vaccinated for a variety of reasons. There is also a small percentage of the population that cannot be immunized for health reasons, says Conway.

Myth-busting

Vaccinations are not immune from misinformation. Here are the top three vaccination myths circulating today.

True or False: Vaccines cause autism.

False. The original studies suggesting that vaccines, specifically the MMR (measles-mumps-rubella), may lead to autism were published by Andrew Wakefield in 1998 and 2002. Both studies were seriously flawed, says Elfman, have been refuted by all reputable academies and scientific bodies and were retracted from the journals in which they were originally published. Subsequent large studies have concluded that neither the MMR nor thimerosal, a stabilizer previously used in many multi-dose vaccine vials, cause autism.

Speaking of thimerosal...

True or False: Vaccines contain mercury.

False. Thimerosal is a mercury-containing organic compound. Today, all routine childhood vaccines are thimerosal-free, says Elfman, with the exception of some influenza vaccine (though there is a thimerosal-free injection available, as well as an intranasal option for children over two years).

True or False: Since vaccines fall under the purview of the FDA, they can't be trusted.

False. Sure, the FDA has had some poignant pharmaceutical failures in recent years, but vaccinations are held to a completely different standard than other drugs and go through different research and approval, says Conway. Vaccines are tested in larger numbers of children for longer periods of time than drugs. For example, the HPV vaccine was tested in 30,000 women, and each of the current rotavirus vaccines, which were added to the immunization schedule in 2008, were tested on 60,000 to 70,000 children before it was licensed. "Compare that to new drugs that might be tested on 3,000, 4,000, 5,000 people," says Conway.



The standard immunization schedule, as set by the Centers for Disease Control and Prevention, is designed to vaccinate infants and children at times when they are most at risk to get the most protection possible. Alternative immunization schedules, including one made popular by pediatrician Dr. Robert Sears, sidesteps the opportunity to provide children with the most protection at their most vulnerable time, says Conway.

To that end, says Elfman, flexibility in scheduling, while not of any proven benefit, is a good option for families who might otherwise refuse vaccination completely.

"If clinically reasonable, this satisfies the ultimate goal of getting the child immunized," says Elfman.

Educate yourself

Genné says that she and her husband, Bill, put much thought and effort into educating themselves on immunizations before beginning the process for their son. Together they consulted other parents, talked with health-care professionals and read much literature on the topic.

"With all the attention [immunizations] have been receiving over the last several years, we thought it was best to do our own research before deciding one way or the other," says Genné.

Ultimately, the Gennés decided to adhere to the recommend immunization schedule, but they continue to educate themselves on the latest research and studies published. And they are open to amending the immunization schedule for their son if they feel it necessary or beneficial.

Genné says that parents should feel empowered to speak with and ask questions of their child's physician regarding immunizations.

"Many doctors are parents themselves and understand the concerns you have. They can speak to the topic personally and professionally, which can be very reassuring ... Opening up the dialogue can only benefit the parents in the decision-making process. Parents are the ones who ultimately make the decision, and they should feel confident in the one they choose for their child."

Amanda N. Wegner is a freelance writer and editor, yogi and mom in Madison.



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