Pediatric Grand Rounds

Calling the Shots: Addressing Parental Concerns about Vaccine Safety

PRESENTED BY: AMANDA GARNETT
LSU PEDIATRICS RESIDENT, HO III
YOU THAT WE DO NOT ACCEPT DEBIT OR CREDIT CARDS. WE ONLY ACCEPT CASH OR CHECK. THERE IS A $40 FEE FOR ANY RETURNED CHECKS.

THANK YOU,

Although I respect each person’s free choice, I have a bigger responsibility to all of the patients for whom I care for. Because of this, the office no longer accepts NEW PATIENTS who have decided not to immunize their children.
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Objectives

- Discuss viewpoints on refusal or delaying of immunizations
- Discuss infection outbreaks that may be linked to vaccine refusal
- Become familiar with the laws regarding vaccines and vaccine exemptions in Louisiana
- Aid the general pediatrician in discussing and documenting vaccination refusal with parents and patients
Vaccine Preventable Diseases

- Diphtheria
- Haemophilus influenzae Type b (Hib)
- Hepatitis A
- Hepatitis B
- Human Papilloma virus (HPV)
- Influenza (Flu)
- Measles
- Meningococcal Infections
- Mumps
- Pertussis (Whooping Cough)
- Pneumococcal Infections
- Polio
- Rotavirus
- Rubella (German Measles)
- Tetanus
- Varicella (Chicken Pox)
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<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
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<th>19–23 mos</th>
<th>2–3 yrs</th>
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<th>11–12 yrs</th>
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<th>16–18 yrs</th>
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<td>Hepatitis B&lt;sup&gt;1&lt;/sup&gt; (HepB)</td>
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<td>Rotavirus&lt;sup&gt;2&lt;/sup&gt; (RV) RV1 (2-dose series); RV2 (3-dose series)</td>
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<td>Tetanus, diphtheria, &amp; acellular pertussis&lt;sup&gt;4&lt;/sup&gt; (Tdap: ≥7 yrs)</td>
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<td>Haemophilus influenzae type b&lt;sup&gt;5&lt;/sup&gt; (Hib)</td>
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<td>Pneumococcal conjugate&lt;sup&gt;6&lt;/sup&gt; (PCV13)</td>
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<td>Pneumococcal polysaccharide&lt;sup&gt;7&lt;/sup&gt; (PPSV23)</td>
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<td>Inactivated poliovirus&lt;sup&gt;8&lt;/sup&gt; (IPV: &lt;18 yrs)</td>
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<td>Influenza&lt;sup&gt;9&lt;/sup&gt; (IIV or LAIV) 2 doses for some: See footnote 8</td>
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<td>Measles, mumps, rubella&lt;sup&gt;10&lt;/sup&gt; (MMR)</td>
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<td>Hepatitis A&lt;sup&gt;12&lt;/sup&gt; (HepA)</td>
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<td>Human papillomavirus&lt;sup&gt;13&lt;/sup&gt; (HPV2: females only; HPV4: males and females)</td>
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<td>Meningococcal&lt;sup&gt;14&lt;/sup&gt; (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)</td>
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**Legend:**
- Yellow: Range of recommended ages for all children
- Green: Range of recommended ages for catch-up immunization
- Purple: Range of recommended ages for certain high-risk groups
- Gray: Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
- White: Not routinely recommended
In an American Academy of Pediatrics survey on immunization administration practices, 7 out of 10 pediatricians reported that they had a parent refuse an immunization on behalf of a child.

In a 2009 National Immunization Survey, 11% of parents of children 17 years of age and younger reported refusing at least 1 vaccine.

In this same survey, 13% of parents reported following an alternate vaccination schedule.

Between 1991-2004, the mean rate of nonmedical immunization exemptions at kindergarten entry increased from 0.98% to 2.5%.
Parental Hesitancy or Refusal for Standard Childhood Vaccines

- Concerns about adverse reactions
- Decreased exposure to vaccine-preventable diseases
- Concern that vaccines don't work
- Misinformation via blogs, celebrity stories, etc.
- Religious or philosophical objections
Common Questions Asked by Vaccine-Hesitant Parents

- Wasn’t the MMR vaccine linked to causing Autism?
- Hasn’t the mercury in vaccines been shown to cause developmental problems?
- Aren’t some of the side effects of vaccines worse than the disease it is meant to prevent?
- Why don’t you recommend spacing out vaccines using an alternative schedule?
Adverse effects of Vaccines

- Pain and swelling at injection site
- Allergic Reaction
- Rash
- Mild febrile illness
The Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety surveillance program co-sponsored by the Centers for Disease Control and Prevention and the Food and Drug Administration.

VAERS provides a nationwide mechanism by which adverse events following immunization may be reported, analyzed, and made available to the public.
The Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety surveillance program co-sponsored by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the United States.

VAERS provides a nationwide mechanism by which adverse events following immunization may be reported, analyzed, and made available to the public. VAERS also provides a vehicle for disseminating vaccine safety-related information to parents and guardians, health care providers, vaccine manufacturers, state vaccine programs, and other constituencies. more...

Have you or your child had a reaction following vaccination?

1. Contact your health care provider
2. Report the reaction
3. Submit Follow-Up Information
4. Visit the National Vaccine Injury Compensation (if appropriate)

Important notes: CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified health care provider.

¿Ha tenido usted o su hijo una reacción adversa después de recibir una vacuna?

1. Contácte a su proveedor de salud
2. Reporte una reacción adversa
3. Visite el Programa Nacional de Compensación por Daños Derivados de Vacunas (si es necesario)

Featured Resources

- Summary of 2014-2015 Influenza Vaccine Information
- ImmunizationSafetyOffice
- NationalCenterforImmunizationandRespiratoryDiseases
- NationalVaccineInjuryCompensationProgram

Search VAERS Data
Safety of Vaccines Used for Routine Immunization of U.S. Children


- The study examined data published in the 2011 Institute of Medicine consensus report on vaccine safety, PubMed, Advisory Committee on Immunization Practices statements, package inserts, and manufacturer information packets

- The article addressed the safety of the following vaccines:
  - DTaP, Hepatitis A and B, Hib, Influenza, IPV, Meningococcal, MMR, Pneumococcal, Rotavirus, and Varicella
Safety of Vaccines Used for Routine Immunization of U.S. Children

- The McHarm instrument was used to evaluate the quality of the studies with regard to their assessment of adverse events.
- The studies were then rated on a confidence scale of: “High” “Moderate” “Low” or “Insufficient”.
- The higher the confidence level, the greater the chance that the evidence presented reflected a true adverse event.
The strength of evidence is high for MMR vaccine and febrile seizures (1 in 3,000 recipients). The risk is increased when administering MMR and Varicella as a single injection (MMRV).

There is moderate evidence that rotavirus vaccines are associated with intussusception (1 in 100,000).

There is moderate evidence of an association between Hepatitis A, MMR, and Varicella vaccines with thrombocytopenic purpura in children.
Safety of Vaccines Used for Routine Immunization of U.S. Children

- There is moderate strength evidence for an association between PCV-13 and febrile seizures (13 per 100,000). The risk is higher when PCV-13 is co-administered with the influenza vaccine.

- A few cases of Guillain-Barré Syndrome have been reported among recipients of the Menactra vaccine. There is however, insufficient evidence to assess a causal relationship with Guillain-Barré and the Menactra vaccine.

- The overall conclusion of the Pediatrics study was that serious adverse events are extremely rare and should be weighed against the protective benefit of the vaccine.
Thimerosal is a mercury-based preservative used to prevent contamination of multi-dose vials of vaccines.

It has been hypothesized that the use of thimerosal may result in mercury-related neurologic effects, including the development of autism.

The form of mercury found in thimerosal is ethylmercury, not methylmercury, which is the form that has been shown to damage the nervous system.

Therefore, numerous studies refute this hypothesis.

Nevertheless, thimerosal was removed from the majority of vaccines.
Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children.


Author information

1Inflammatory Bowel Disease Study Group, University Department of Medicine, Royal Free Hospital and School of Medicine, London, UK.

Retraction in
12 children (ages 3 to 10 with a mean age of 6 years) were referred to a pediatric gastroenterology unit with diarrhea and abdominal pain.

All 12 patients also had a history of normal development followed by loss of acquired skills, including language.

The behavioral or neurologic diagnoses included autism in 9 patients, disintegrative psychosis in 1 patient, and “post-viral” or “post-vaccinal” encephalitis in 2 patients.

Developmental records were reviewed and all patients underwent GI and neurological assessments (colonoscopy with biopsy, brain MRI, EEG, LP, and immunology laboratory workup).
MMR Vaccine and Autism

- MRI and EEG results were reported as normal in all 12 patients
- All 12 children had intestinal abnormalities ranging from aphthoid ulceration to lymphoid nodular hyperplasia. Histology showed patchy chronic inflammation in the colon of 11 children and reactive ileal lymphoid hyperplasia in seven
- Onset of behavioral symptoms was associated, by the parents, with MMR vaccination in 8 of the 12 children
- The study hypothesized that the MMR vaccine damaged the intestinal lining, allowing encephalopathic or neurotoxic proteins enter the bloodstream and the brain and lead to the development of autism
MMR Vaccine and Autism

- This paper was partially retracted by 10 of the 13 authors in 2004 and fully retracted from the public record in 2010.
- Despite the lack of an association between autism and MMR vaccination, MMR immunization rates in the UK declined from 92% in 1995 to 79% in 2003.
- Despite overwhelming evidence disproving this theory, the study’s results are still highlighted in numerous media reports.
The objective of the study was to determine if a correlation exists between MMR immunization among young children and autism occurrence.

Method: Retrospective analyses of MMR immunization rates among children born in 1980-1994 who were enrolled in California kindergartens.

School immunization records were reviewed to determine the age at which the children first received MMR immunization.
Essentially no correlation was observed between childhood MMR immunization rates in California and the number of children with autism enrolled in California's school system.

For the 1980-1994 birth cohorts, a marked increase in autism case numbers was noted, from 44 cases per 100,000 live births in the 1980 cohort to 208 cases per 100,000 live births in the 1994 cohort.

However, changes in MMR immunization rates over the same time period were much smaller and of shorter duration.
Anti-Vaccination Blogs

- Thinkingmomsrevolution.com
- Vaxtruth.org
- Safeminds.org
- Vacob.org

Get The FACTs

Uncensored information about vaccines and how they affect our children...
Vaccines Caused My Son’s Autism

I have been in the world of special-needs advocacy for 10 years, and in that time I have come across countless people who are defensive, close-minded, and extremely indoctrinated about their across-the-board absolute statements that vaccines can’t cause autism. These people are often applauded or even possibly financially compensated for their stance.

After a decade of some disappointing and one-sided conversations, I refuse to go toe-to-toe with these people anymore, because they are not going to hear me, and I am not going to hear them. But I would like to go on record with a quick list of how I know it did (in my son’s situation), and does happen. Vaccines CAN CAUSE “AUTISM.” THEY CAUSED MY SON’S “AUTISM.” THEY CAUSED MANY OF MY FRIENDS’ CHILDREN’S “AUTISM.”

Here’s what I want to say to all the people who say it isn’t so:

1) Many people have been compensated in vaccine court for medical issues that are a part of their autism and even autism itself. If the American government is paying people who have autism due to vaccine-injury, how can you say vaccines don’t cause autism? 
Vaccine Detox Herbal Tea Recipe

Give this tea to your child once a day for about 2 weeks so that her system flushes out most of the toxins gradually.

For this recipe you will need:

1 tbsp dried Nettle leaves

1 tbsp dried Dandelion root pieces (if you are using whole roots you can use 1/2 of it)

Boil 2 cups water, add 1 tbsp. nettle and dandelion and let it steep for 20 minutes. Add raw honey (not for babies under 12 months, use some other natural sweetener) and let your child drink it. You can also make an iced tea if your child doesn’t like drinking hot tea. You can also use fresh herbs to make the tea.

Nettle is high in Chlorophyll which builds and purifies the blood, renews tissue, promotes healthy intestinal flora and improves liver function. Dandelion cleanses the liver (lives gets hit the most because of the shots so its very important to take care of that first).
A note from the author on the book’s Amazon page says it was written to educate children on the benefits of having measles and how they can successfully heal from the disease naturally.

“Often today, we are being bombarded with messages from vested interests to fear all diseases in order for someone to sell some potion or vaccine, when, in fact, history shows that in industrialized countries, these diseases are quite benign and, according to natural health sources, beneficial to the body.”
Proposes an alternative vaccination schedule to spread shots out over a longer period of time.

Patients will be visiting the doctor for vaccines at ages 2, 3, 4, 5, 6, 7, 9, 12, 15, 18, 21, and 24 months and 2, 2.5, 3, 3.5, 4, 5, and 6 years of age.

Children whose parents choose this schedule will not be receiving the influenza vaccine until 5 years of age, Hep B vaccine until 2 years of age, and Measles vaccine until 3 years of age.
Louisiana Law (RS 17:170)

- Mandates immunization of persons entering kindergartens, colleges, proprietary or vocational schools, and day care centers for the first time.

- Subsection E of the statute states “no person seeking to enter any school or facility shall be required to comply with the provisions of this Section if the student or parent or guardian submits either a written statement from a physician stating that the procedure is contraindicated for medical reasons, or a written dissent from the student or parent or guardian is presented.”
Immunization Exemptions

- Medical exemptions are for children who have a valid medical contraindication to a vaccine or vaccine component (such as history of anaphylaxis to a previous dose of vaccine)
- Religious exemptions are for individuals whose religious beliefs oppose immunizations
- Philosophical exemptions are for individuals with a personal, moral, or philosophical belief against some or all immunizations
Immunization Exemptions

- All 50 states have legislation requiring vaccines for students
- Although exemptions vary from state to state, all states allow medical exemptions
- Almost all states grant religious exemptions
- 20 states allow philosophical exemptions
Rate of Nonmedical Vaccine Exemptions By State
Percentage of kindergartners with nonmedical exemptions, 2012-13 school year

Note: Children with exemptions may still be vaccinated.
Source: Centers for Disease Control
On June 30, 2015, California Governor Jerry Brown signed a law removing personal belief and religious exemptions from the vaccine mandates for school-aged children. California joined West Virginia and Mississippi as the only states that don’t allow either a religious or personal belief exemption.
Measles Outbreak

No longer the happiest place on Earth?

Measles outbreak at Disneyland
Measles Outbreak

- On January 5, 2015, the California Department of Public Health (CDPH) was notified about a suspected measles case.

- The patient was a hospitalized, unvaccinated 11-year-old child, with rash onset on December 28, 2014. The only notable travel history during that time was a visit to one of the Disneyland theme parks in California.

- On the same day, CDPH received reports of four additional suspected measles cases in California residents and two in Utah residents, all of whom reported visiting one or both Disneyland theme parks during December 17–20.
Measles Outbreak

- Altogether there have been 183 documented cases of Measles in 2015, 117 of which were linked to the outbreak in Disneyland.
- Among those documented cases in California, 45% were unvaccinated and 5% had only 1 dose of MMR.
- 12 of the unvaccinated patients were infants too young to be vaccinated.
- 43% had unknown or undocumented vaccination status.
- Among the remaining vaccine-eligible patients, 67% were intentionally unvaccinated because of personal beliefs and 1 was on an alternative schedule for vaccination.
The bar chart shows the number of confirmed measles cases from December 2014 to February 2015, with peaks in January and February 2015. The exposure at a Disney theme park is indicated by a note on the chart.
2015 Measles Cases in the U.S.
January 1 to July 24, 2015

Cases*:
- 0
- 1-4
- 5-9
- 10-19
- 20+

*Provisional data reported to CDC’s National Center for Immunization and Respiratory Diseases
During 2012, 48,277 cases of pertussis were reported to the CDC. This was the largest number of reported cases since 1955.

There were 20 pertussis-related deaths at this time, the majority of deaths occurring in infants younger than 3 months of age.

Several causes of the outbreak have been documented, including waning immunity of the acellular pertussis vaccine, increased detection of cases, and the possibility of genetic changes in circulating strains.

Importantly, however, nonmedical exemption and clustering of unvaccinated individuals may have played a role in this outbreak.
Responding to Parental Refusals of Immunization

- Foster an environment of open communication for parents to discuss their concerns about immunizations
- Provide easy to understand information about vaccine risks and benefits
- Be honest about potential adverse effects
- Only use alternate vaccine schedules when other discussions or options have failed
- Avoid discharging a patient from the practice solely because a parent refuses immunizations for that child
- Document your conversation and continue dialogue about immunizations at EVERY visit
Refusal to Vaccinate

Child’s Name ________________________  Child’s ID# ________________________

Parent’s/Guardian’s Name ________________________

My child’s doctor/nurse, ________________________, has advised me that my child (named above) should receive the following vaccines:

<table>
<thead>
<tr>
<th>Recommended</th>
<th>Declined</th>
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<tr>
<td>Hepatitis B vaccine</td>
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<td>Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine</td>
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<td>Diphtheria tetanus (DT or Td) vaccine</td>
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<td>Influenza (flu) vaccine</td>
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<td>Meningococcal conjugate or polysaccharide vaccine</td>
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<td>Hepatitis A vaccine</td>
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<td>Rotavirus vaccine</td>
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<td>Human papillomavirus (HPV) vaccine</td>
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<td>Other</td>
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That some vaccine-preventable diseases are common in other countries and that my unvaccinated child could easily get one of these diseases while traveling or from a traveler.

If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:
- Contracting the illness the vaccine is designed to prevent (the outcomes of these illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness; other severe and permanent effects from these vaccine-preventable diseases are possible as well).
- Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks.

My child’s doctor and the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled “Declined.” I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with whom my child might come into contact. I therefore agree to tell all health care professionals in all settings what vaccines my child has not received because he or she may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been vaccinated.

I know that I may readdress this issue with my child’s doctor or nurse at any time and that I may change my mind and accept
I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents for each of the vaccine(s) checked as recommended and which I have declined, as indicated above. I have had the opportunity to discuss the recommendation and my refusal with my child’s doctor or nurse, who has answered all of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at www.cdc.gov/vaccines/pubs/vacinfo/default.htm.

I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).

Parent/Guardian Signature: ________________ Date: ________________

Witness: ____________________ Date: ________________

I have had the opportunity to readdress this issue with my child’s doctor or nurse at any time and that I may change my mind and accept vaccination for my child any time in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
AAP immunization website  http://www2.aap.org/immunization/
CDC vaccination website http://www.cdc.gov/vaccines/
Immunization Action Coalition http://www.immunize.org
Vaccines on the Go Mobile App
Special Thanks

- Dr. Rodolfo Begue
- Dr. Leslie Reilly
References

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