

Special Issue: *Pediatrics* Publishes Vaccine Safety Supplement

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A supplement in the May 2011 issue of *Pediatrics* contains 18 articles on vaccine safety. These articles reinforce the message of the American Academy of Pediatrics (AAP) and leading health care organizations throughout the world that vaccines are safe, effective, and save lives.

For this special issue of the Michigan Immunization Timely Tips, we are highlighting a few of these articles. However, we would like to encourage interested readers to download the articles in their entirety.

Fortunately, access to the articles in the supplement is available at no charge. The articles were published as "Pediatrics eFirst Pages," which means they were published online in advance of appearing in print. To access the table of contents in which the 18 articles on vaccine safety are listed, go to: <http://pediatrics.aappublications.org/papbyrecent.dtl>. Scroll down to the subhead titled "18 April 2011."

[Editors' Introduction: Vaccine Safety Throughout the Product Life Cycle](#)

Summary

The vaccine safety supplement starts with a powerful account of an everyday mother dealing with the decision to vaccinate; she decided to forgo vaccination and experienced the impact of a vaccine preventable disease when her child contracted *Haemophilus influenzae* type b meningitis (*A Parent's Decision on Immunization: Making the Right Choice*, see abstract in the column to the right.)

After this personal story, the first section of this supplement includes a series of articles in which the authors describe key programs and activities conducted by a broad range of groups that make substantial contributions to the nation's vaccine-safety system.

The second section of this supplement is focused on identifying and addressing vaccine-safety concerns among parents.

Health care providers play a critical role in maintaining and improving public confidence in vaccines so that the full potential of vaccines to prevent serious infectious diseases and their complications can be realized. This vaccine safety supplement seeks to advance that effort. (*Daniel A. Salmon, Andrew Pavia and Bruce Gellin Pediatrics published online Apr 18, 2011; DOI: 10.1542/peds.2010-1722U*)

[A Parent's Decision on Immunization: Making the Right Choice](#)

Abstract

A loving parent faces peer pressure to reject routine vaccination of her children. She begins researching immunizations to make a well informed health care decision in the best interests of her children. Misleading and frightening information is readily accessible. She simply cannot find answers to her questions and concerns about vaccines. Her poor choice results in her 1-year-old daughter contracting spinal meningitis. Once her daughter is in a pediatric intensive care isolation room suffering from this deadly disease, the mom gains access to accurate information regarding immunizations. All her questions regarding vaccine production, testing, safety, and ethics are answered. She wants accurate information readily available to all parents. (*Suzanne Walther, Pediatrics 2011: peds.2010-1722Bv1-peds.2010-1722B.*)

[Sources and Perceived Credibility of Vaccine Safety Information for Parents](#)

Abstract

The objective of this study was to assess what proportion of parents trust vaccine information from different sources and whether different groups of parents vary in their trust of such information.

In January 2009, as part of a larger study of parents and nonparents, 2,521 online surveys were fielded to a nationally representative sample of parents of children aged 17 years. The main outcome measure was the source credibility of vaccine safety information used by parents. Parents reported trusting their children's doctor for vaccine safety information most often (76% endorsed a lot of trust), followed by other health care providers (26%), government vaccine experts/officials (23%), and family and friends (15%). In contrast, celebrities were trusted a lot by 2% of the respondents and not at all by 76% of the respondents. Levels of trust in specific sources of vaccine safety information varied significantly by gender and race/ethnicity (Hispanics and other groups).

The study concluded that although most parents place a lot of trust in their children's physician, parents' trust in non-health professional sources for such information should not be discounted. Those who design public health efforts to provide evidence-based information must recognize that different strategies may be required to reach some groups of parents who use other information sources. (*Gary L. Freed, Sarah J. Clark, Amy T. Butchart, Dianne C. Singer, and Matthew M. Davis, Pediatrics 2011: peds.2010-1722Pv1-peds.2010-1722P.*)

Additional Articles in the Vaccine Safety Supplement

The Vaccine Safety Supplement, to be published in the May issue of *Pediatrics*, also includes the following selected articles:

[The Vaccine Safety Datalink: A Model for Monitoring Immunization Safety](#); James Baggs, Julianne Gee, Edwin Lewis, Gabrielle Fowler, Patti Benson, Tracy Lieu, Allison Naleway, Nicola P. Klein, Roger Baxter, Edward Belongia, Jason Glanz, Simon J. Hambidge, Steven J. Jacobsen, Lisa Jackson, Jim Nordin, and Eric Weintraub, *Pediatrics* 2011; peds.2010-1722Hv1-peds.2010-1722H.

[Internet-Based Reporting to the Vaccine Adverse Event Reporting System: A More Timely and Complete Way for Providers to Support Vaccine Safety](#); Penina Haber, John Iskander, Kimp Walton, Scott R. Campbell and Katrin S. Kohl, *Pediatrics* published online Apr 18, 2011; DOI: 10.1542/peds.2010-1722G

[Ensuring the Optimal Safety of Licensed Vaccines: A Perspective of the Vaccine Research, Development, and Manufacturing Companies](#); Niranjana Kanasa-athan, Alan Shaw, Jeffrey J. Stoddard and Thomas M. Vernon, *Pediatrics* published online Apr 18, 2011; DOI: 10.1542/peds.2010-1722D

[Understanding the Role of Human Variation in Vaccine Adverse Events: The Clinical Immunization Safety Assessment Network](#); Philip S. LaRussa, Kathryn M. Edwards, Cornelia L. Dekker, Nicola P. Klein, Neal A. Halsey, Colin Marchant, Roger Baxter, Renata J. M. Engler, Jennifer Kissner and Barbara A. Slade, *Pediatrics* published online Apr 18, 2011; DOI: 10.1542/peds.2010-1722J

[Food and Drug Administration Regulation and Evaluation of Vaccines](#); Valerie Marshall and Norman W. Baylor, *Pediatrics* published online Apr 18, 2011; DOI: 10.1542/peds.2010-1722E

[Integrating Safety and Efficacy Evaluation Throughout Vaccine Research and Development](#); George Curlin, Sarah Landry, Jessica Bernstein, Richard L. Gorman, Barbara Mulach, Charles J. Hackett, Stephanie Foster, Sarah E. Miers and Patricia Strickler-Dinglasan, *Pediatrics* published online Apr 18, 2011; DOI: 10.1542/peds.2010-1722C

[Finding Reliable Information About Vaccines](#)

Abstract

Misinformation about vaccines confuses parents who may delay or refuse vaccines for their children, which places them and others at risk of vaccine-preventable diseases. Many parents do not understand the risks and severity of these diseases but also are unaware that they are uninformed. There are a number of favorable factors available for educating parents about these diseases, their prevention, and how to counter misinformation: most parents are seeking a trusting health care provider relationship; they want more information; they appreciate guidance; and they are looking for means to validate the information that they find. These factors represent opportunities to enhance confidence in immunization programs by providing parents with the tools that they need. (*Diego Pineda and Martin G. Myers, Pediatrics* 2011; peds.2010-1722Tv1-peds.2010-1722T.)

[Vaccine Attitudes, Concerns, and Information Sources Reported by Parents of Young Children](#)

Abstract

The objective of this survey was to describe the vaccine-related attitudes, concerns, and information sources of U.S. parents with children under 6 years of age. Among the respondents, nearly all (93.4%) reported that their youngest child had or would receive all recommended vaccines. The majority of parents reported believing that vaccines were important to children's health (79.8%) and that they were either confident or very confident in vaccine safety (79.0%). The vaccine-related concern listed most often by parents was a child's pain from the shots given in 1 visit (44.2%), followed by a child getting too many vaccines at one doctor's visit (34.2%). When asked to list their most important sources of information on vaccines, the most common response was a child's doctor or nurse (81.7%).

The study concluded that in order to maintain and improve on the success of childhood vaccines in preventing disease, a holistic approach is needed to address parents' concerns in an ongoing manner. Listening and responding in ways and with resources that address specific questions and concerns could help parents make more informed vaccination decisions. (*Kennedy A, Basket M, Sheedy K., Vaccine attitudes, concerns, and information sources reported by parents of young children: results from the 2009 HealthStyles survey. Pediatrics* 2011;127, Suppl 3)

[How to Communicate With Vaccine-Hesitant Parents](#)

Abstract

Development of safe and effective vaccines is one of the greatest medical triumphs. However, despite high immunization rates in the United States, 85% of health care providers (HCPs) will have a parent refuse a vaccine for his or her child each year. HCPs have the greatest influence on a parent's decision to vaccinate his or her child. To effectively communicate with vaccine-hesitant parents, HCPs must first understand the concerns of parents regarding immunization and understand influences that can lead to misinformation about the safety and effectiveness of vaccines. HCPs should establish an open, nonconfrontational dialogue with vaccine-hesitant parents at an early stage and provide unambiguous, easily comprehensible answers about known vaccine adverse events and provide accurate information about vaccination. Personal stories and visual images of patients and parents affected by vaccine-preventable diseases and reports of disease outbreaks serve as useful reminders of the need to maintain high immunization rates. Ongoing dialogue including provider recommendations may successfully reassure vaccine-hesitant parents that immunization is the best and safest option for their child. (*C. Mary Healy and Larry K. Pickering, Pediatrics* 2011; peds.2010-1722Sv1-peds.2010-1722S.)

[Michigan Immunization Timely Tips](#) (MITT)

MITT is posted at www.michigan.gov/immunize, under the Provider Information section. Please email questions or comments to Rosemary Franklin at franklinr@michigan.gov.