



Families That Refuse to Vaccinate their Infants

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A family new to our town brought their two children, a 3-year-old and a 5-year-old, to our office for a checkup. When the time came to vaccinate them, we discovered they'd never received any. "We were just waiting awhile and would like to come back later for them," the parents told us.

Well, after three more visits over the next year and still no vaccinations given due to all sorts of excuses, we figured out (smart people we are) that the parents were never even considering vaccinations for their children despite our lengthy discussions. So we dismissed them from our practice. It was a difficult and sad decision.

A few months later, both children contracted pertussis with much of its horrible sequelae. Now, imagine that they had been sitting in our main waiting room for the usual 5 to 15 minutes, coughing and sputtering, expos-



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ing several newborns and infants. The terribly contagious pertussis bacteria significantly sickens most infants, and hospitalizes, brain damages, and kills a notable number of others annually, especially when only zero to two doses of DTaP vaccinations are on board, as is typical by 6 months of age.

How would I have explained this to the families of the infants who might have contracted this dastardly communicable disease in our office? Who deserves the most "rights" here in our offices: the non-vaccinator parent or the

infant of the unwitting, adherent parent?

About three-quarters of our parents are respectful and agreeable with our philosophy on vaccines. About 15% are "fence sitters" who merely need some calm reassurance from us about the safety and robust protection of vaccines; another 7% to 8% require our stern warnings about the hazards of vaccine preventable diseases.

It is the remaining 2% to 3% families who, despite our labored and thorough explanations, still see all immunizations as somehow unnecessary or too

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dangerous for their infants; or, who oppose vaccines on the basis of religious grounds. What fascinates me is that they all seem to understand the concept of herd protection incurred with high rates of vaccination. Whatever their reasons for objecting, these are the families whom we refuse to treat.

Similar to a reported 30% of pediatric practices in Connecticut,¹ we have elected to drop families who refuse most key vaccines for their infants. We do accept an accelerated single-shot vaccine schedule on a weekly basis, as long as it approximates the recommended 2-, 4-, 6-, 12-, 15-month schedule.² The Dr. Sears method, often requested by the vaccine-suspicious, calls for single component vaccinations with lots of major delays. It is unproven, untenable (there is no single component MMR any more), not economical, and involves too much delay to be worthwhile.³

Vaccine manufacturers and the FDA have spent years proving the safety, non-interference, and immunogenicity of our current vaccine schedule, including the multicomponent formulations.⁴ The vaccine science is sound, the significant vaccine risks are almost imperceptible, and the return to a pre-vaccine era is just too risky for the child and our practices.

HAZARDS OF NON-VACCINATORS

The American Academy of Pediatrics (AAP) advocates a “wait and see” approach for these families. The reasoning is that it is better to keep them in your flock, build trust, and to otherwise benefit from your superlative pediatric care.⁵ One day, so goes the theory, such families might come around and change their minds about immunizations, whether it is within 6 months or 6 years. But for some pediatricians, including myself, this is too much of a risk.

SIDEBAR.

Additional Resources

- Provider Resources for Vaccine Conversations with Parents: www.cdc.gov/vaccines/spec-grps/hcp/conversations.htm.
- Pediatrics supplemental issue on vaccines. pediatrics.aappublications.org/content/127/Supplement_1.toc.
- Liability for Exercising Personal Belief Exemptions from Vaccination. First Impressions. An Online Companion to the Michigan Law Review. 2009;107(3). PDF. Available online at: www.michiganlawreview.org/assets/fi/107/vaccination.pdf.
- Calandrillo SP. Vanishing Vaccinations: Why Are So Many Americans Opting Out of Vaccinating Their Children? Univ. of Washington School of Law. American Law & Economics Association Annual Meetings. 2005. PDF. Available online at: law.bepress.com/cgi/viewcontent.cgi?article=1507&context=alea.
- *Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure*, by Paul A. Offit, MD
- “The Vaccine Song” by Ted Willmore: www.thevaccinesong.org.

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If we refuse non-vaccinators, we can confidently claim to all of our parents that we have vaccinated all of the children being seen in our office to the fullest extent possible according to the recommended CDC schedule. Conversely, if we do accept non-vaccinators, isn't it also our responsibility to fully disclose to each one of our visiting families that we may have, on average, 1 in 20 to 1 in 50 young children at any given time in our office who might be harboring a truly devastating vaccine-preventable infectious disease?⁶

And to minimize their contagiousness risk, when these unvaccinated well or sick children do present into the office, they should be escorted back to the examination room immediately — preferably into an isolated portion of the office. Many illnesses are contagious 24 hours before development of symptoms. Perhaps masks should be recommended before entry if they are sick. And the CDC urges such families should not even be allowed at the check-in or check-out windows, but rather be billed later, having all further contact such as for

referrals, additional office questions, or follow-ups by phone only.

MEDICOLEGAL RISKS OF NON-VACCINATORS

Although this is anecdotal, two of my pediatric colleagues, one in California and another in Ohio, have recounted tales of pediatricians they know who have been sued for malpractice by non-vaccinators on the grounds that they either “failed” to vaccinate the child; failed to fully inform the family about all the consequences of a particular vaccine-preventable disease (HIB, pneumococcus, influenza); or failed to offer the vaccines at a later visit. In one case, I am told, the physician had even obtained some written form of parental acknowledgment regarding the hazards of not vaccinating.

One group of pediatricians has recently been sued “for failing to timely vaccinate” a 17-month-old child with PCV7. Yet, this child who developed meningitis had received all of his earlier vaccines (except for his only PCV7 dose at 15 months) at the local health department. The appeals court

declared that the health department could not be sued, due to state sovereignty. The pediatricians could be sued, however.⁷

I do not have a hard time imagining these kinds of litigious scenarios; the margin of error is greater than usual in this patient population. Consider that with them, every phone call, day or night, for high fever, stridorous cough, neck “stiffness” or torticollis of any sort, irritability, etc, must be handled totally as if one were in the pre-vaccine era: with extreme vigilance for possible HIB and pneumococcal meningitis, bacteremia, or epiglottitis.

To paraphrase the recommendations of Gilmour and colleagues: Policymakers should consider reforming compensation systems to introduce no-fault compensation if a pediatrician should be the victim of a lawsuit for providing care to a non-vaccinator family whose child suffers a vaccine-preventable disease.⁴

ECONOMIC COSTS OF KEEPING NON-VACCINATORS

For these unvaccinated children, each office visit requires a detailed account of each missing recommended vaccine needed at the appropriate earlier age.⁸ Thus, by 24 months, one will need to discuss and inform and present CDC VIS sheets for up to 14 different vaccines at each of eight subsequent

checkups.⁸ In my personal experience, the amount of extra discussion time and declination signatures needed at each visit will ordinarily tack on an additional 5 to 15 minutes per visit (much of which is unbillable) depending on the pediatrician’s fervor and fears of litigation. The practice must also forgo the vaccine administration fees and additional overhead payments for at least 14 different vaccines in the first 2 years of life. Amortize this over as much as 10% of your practice’s first year visits, and it is easy to see the negative financial impact of this patient population, too.

PEACE OF MIND

There’s another reason I no longer see non-vaccinators in my practice. As I age, I’ve really begun to dread confrontational office visits. I would rather keep a calm demeanor with my patients, and keep my blood pressure down. I already lose way too much sleep worrying about my challenging office cases in vaccine-protected children. But with these folks, if a rapid septic workup or spinal tap (ironically, to evaluate for a vaccine-preventable disease); CT scan for appendicitis; bladder catheterization; or a hospital admission for a moderately or very ill child is necessary, I will likely receive marked resistance convincing them that my expert training says I need to act promptly. If they

distrust vaccines — the heart and soul of our everyday pediatric practices — I am terrified that they will not trust me enough under duress in these other urgent life and death matters. ■

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