

MAINE IMMUNIZATION PROGRAM UPDATE FEBRUARY 2016



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Quick Answers to Tough Questions from Parents

Provided by The Immunization Action Coalition

With providers spending more and more time with vaccine hesitant parents, it is important to know how to communicate effectively. Parents need to feel comfortable to voice concerns and to ask questions.

Below are some common questions from parents and how providers can respond effectively.

“Won’t giving my baby so many vaccines overwhelm his/her immune system?”



Your baby deals with thousands of germs from the day they are born and it is considerably more than they will ever get from vaccines. As one doctor put it, “Worrying about too many vaccines is like worrying about a thimble of water getting you wet when you are swimming in the ocean.”

“Why don’t you recommend spacing out vaccines with an alternative schedule?”

- Delaying vaccines increases the time that a child is susceptible to a disease.
- Requiring extra appointments can cause stress and fear for any future medical procedures.
- There is no evidence that spreading out vaccines decreases the risk of adverse reactions.

“Hasn’t the mercury in vaccines been shown to cause 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.

Since 2001, with the exception of some influenza vaccines, thimerosal has not been used as a preservative in routinely recommended childhood vaccines.

“Aren’t some of the ingredients in vaccines toxic?”

Any substance, including water, can be toxic if given a large enough dose. But at a very low dose, even a highly toxic substance can be safe.

We are exposed to the same “toxic” substances every day. For example:

Mercury: Babies are exposed to mercury in milk, including breast milk. Seafood also contains mercury.

Formaldehyde: Formaldehyde is in automobile exhaust; in household products and furnishings such as carpets, upholstery, cosmetics, paint and felt-tip markers; and in products such as antihistamines, cough drops, and mouthwash.

Aluminum: The average person takes in an estimated 30 to 50 mg of aluminum every day, mainly from foods, drinking water, and medicines. Not all vaccines contain aluminum, but those that do typically contain about .125 mg to .625 mg per dose.

Tips for providers

- Be ready to answer the most common questions.
- Be able to recommend good websites for patients/parents.
- Remember that it’s acceptable to tell a parent that you will research a question and get back to them.
- Parents respect the opinion of their doctor — know that facts and be passionate about conveying the importance of vaccination.

Serogroup B Meningococcal Vaccines

Although the serogroup B meningococcal vaccines have been available since October, we would like to reiterate the recommendations to ensure that providers are administering them appropriately.

The Advisory Committee on Immunization Practices (ACIP) recommended use of the serogroup B meningococcal vaccines among certain groups of persons aged ≥ 10 years who are at **increased risk** for serogroup B meningococcal disease.



Adolescents and teenagers **should** get a serogroup B meningococcal vaccine (Bexsero® or Trumenba®) if:

- They have complement component deficiency or are taking Soliris®
- They have a damaged spleen or their spleen has been removed
- They are a microbiologist who is routinely exposed to *Neisseria meningitidis*
- They are part of a population identified to be at increased risk because of a serogroup B meningococcal disease outbreak

The serogroup B meningococcal vaccine **should** be given to children 10 years and older if they fall into one of the high risk categories.

Teenagers 16-18 years **may** be given the serogroup B vaccine, but should not be given on a routine basis. If a parent is interested in getting their child vaccinated with the serogroup B meningococcal vaccine, they should discuss this with their clinician to determine whether or not it is necessary.

Q: Why does CDC not routinely recommend a serogroup B meningococcal vaccine for teens and young adults?

A: Serogroup B meningococcal disease is relatively rare. Outbreaks have recently occurred at several U.S. colleges. In response to the urgent need to control outbreaks of serogroup B meningococcal disease, serogroup B meningococcal vaccines were licensed by the Food and Drug Administration through an accelerated process. This means that a lot of data that officials typically have when making vaccine recommendations are not available right now for these vaccines. Available data suggest these vaccines are safe and the U.S. CDC wants people to have access to them now to help prevent this uncommon, but serious illness. The current recommendation provides access and allows clinicians and parents to weigh the risk of the disease and the risks and benefits of vaccination. The Advisory Committee on Immunization Practices and CDC will continue to review data.

Please visit : www.cdc.gov/vaccines/vpd-vac/mening/faqs-parents-adolescent-vaccine.html for more questions and answers on serogroup B meningococcal vaccines.

Vaccine Administration and Storage and Handling

At-A-Glance Resource Guide

<http://www.cdc.gov/vaccines/recs/downloads/vacc-admin-storage-guide.pdf>

If you have any questions,
please contact the Maine Immunization Program
at:
(207) 287-3746 or (800) 867-4775

