

Are pediatricians missing the chance to recommend new vaccines to their patients?

Editorial

It is now a well-known fact that vaccinations have saved more lives than any other measure in the medical field and public health in the past century. This fact was highlighted in two different reports by the Centers for Disease Control and Prevention in United States when they looked at the ten greatest public health achievements in the 20th century and the first decade of this century. In these reports they concluded that getting every newborn vaccinated on schedule helps preventing about 4800 deaths and 20 million cases of disease. In addition, it saves nearly \$14 billion in direct costs, and saves society \$69 billion. In addition, several diseases have been completely eliminated in US and many other countries such as Smallpox, Diphtheria and Paralytic Polio, while others are so close to be eliminated such as congenital Rubella, Measles, Mumps and invasive Hemophilus Influenza Type B infections.^{1,2} Let us imagine for a second the positive impact at a global level and I am sure we would all agree that vaccinations have been the best thing human done to human in the recent history.

Despite of this great and well-established value of vaccination, the process of wide public vaccination is still facing some major challenges. It would take more than an editorial to discuss all such challenges. However, I would like to emphasize here the fact that pediatricians still have a major role to play in promoting new vaccines.

Several new vaccines have been licensed and introduced for public use over the past decade such as Rota virus vaccines, conjugated meningococcal vaccines and Human Papilloma Virus (HPV) vaccines. Many pediatricians do not feel comfortable to discuss such new vaccines with their patients mainly when the vaccine is not introduced in their countries Extended Immunization Program (EIP). Such discomfort could be related to the following factors:

- I. Not having enough information about the new vaccine such as indications, efficacy, safety, contraindications, ...etc
- II. Not being sure about the need for this new vaccine in their communities
- III. Concerns about the financial burden and the added cost to the families. Many pediatricians would rather just wait hoping for the vaccine to be introduced to the national EIP.
- IV. Having very busy practices where finding extra time to introduce a new vaccine would be a major challenge.

Despite of all those real-life challenges, Pediatricians must be reminded of their great role in advocating for their patients. Most patients still look at their pediatricians as their partners in providing best care to their children. In a survey of 2460 families in the European Union, 75% of them strongly agreed that "My Doctor/Nurse knows which vaccines are best for my child".³ Therefore, it is no surprise that parents would be willing to change their minds and accept a new vaccine if it was recommended by their pediatrician. In a Canadian

Volume 5 Issue 2 - 2016

Hossam Altatari, Salwa Alkaabi

Division of Pediatric Infectious Diseases, Pediatric Department, UAE

Correspondence: Hossam Al Tatari, Division of Pediatric Infectious Diseases, Pediatric Department, Tawam Hospital, 15258, Al Ain, UAE, Tel +971 37677444, Fax 97137072731, Email htatari@seha.ae

Received: September 10, 2016 | **Published:** September 13, 2016

survey of 221 families in 19 different clinics across the country, 53.1% of them did not know anything about meningococcal type B infections and 81.6% did not know anything about the new Men B vaccine. However, 90% of parents agreed they would consent to Men B vaccination for their infant if recommended by their physician, even if it meant a 3rd or 4th shot in one office visit.⁴ It was also demonstrated in an earlier study that even parents with negative attitude would significantly change their decisions after having a discussion with their physician (Figure 1).⁵

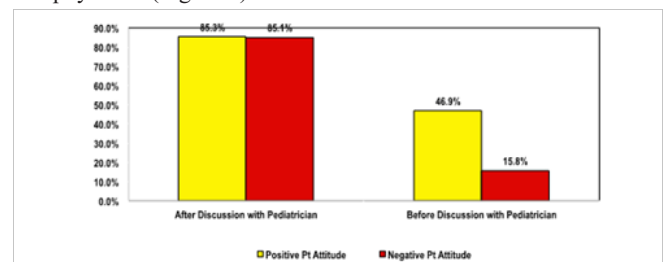


Figure 1 Relation of provider recommendation and patient attitudes to pneumococcal vaccination rate.⁵

Even when parents were told that they would pay for the new vaccine out of their pocket, only 23% of the parents said they would be less likely to accept the new vaccine in an European survey of 2460 families of different socioeconomic backgrounds.⁶

Conclusion

Vaccinations have played a major role in decreasing morbidity and mortality among the children of the world. They are expected to continue to play even a bigger role in the years to come with the introduction of new vaccines. Pediatricians play a major role in shaping public awareness in general and in educating their own patients and families in particular. Therefore, it is a moral and ethical that pediatricians become very familiar with all the available vaccines, and that they find the time to discuss and promote vaccinations among their patients.

Acknowledgments

None.

Conflicts of Interest

None.

References

1. MMWR. Ten Great Public Health Achievements -- United States, 1900-1999. *CDC*. 1999;48(12):241–243.
2. MMWR. Ten Great Public Health Achievements --- United States, 2001-2010. *CDC*. 2011;60(19):619–623.
3. Bakhache P, Rodrigo C, Davie S, et al. Health care providers' and parents' attitudes toward administration of new infant vaccines--a multinational survey. *Eur J Pediatr*. 2013;172(4):485–492.
4. Data presented in *The European Society of Pediatric Infectious Diseases meeting ESPID 6–10*. 2014.
5. Nichol KL, Mac Donald R, Hauge M. Factors associated with influenza and pneumococcal vaccination behavior among high-risk adults. *J Gen Intern Med*. 1996;11(11):673–677.
6. Bakhache P, Rodrigo C, Davie S, et al. Health care providers' and parents' attitudes toward administration of new infant vaccines--a multinational survey. *Eur J Pediatr*. 2013;172(4):485–492.