

Fighting Anti-vaccine Fever

Physicians get help from a new Illinois law, research on communication strategies, and a timely warning from the Happiest Place on Earth **By Benjamin Mindell**

THE UPCOMING fall school season will be the first major test of a new law that puts Illinois solidly among states tightening up on parental excuses not to have their children vaccinated.

The 2015 measure, signed too late for last year's school sign-up, toughened the Illinois religious exemption from the student vaccination requirement. It mandates a form that requires parents to state the religious basis for an exemption and to cite the specific vaccines to which they object, and to acknowledge unvaccinated children can be barred from school under certain circumstances. It also requires a healthcare provider to sign the form, affirming that the parent has been given information on the benefits of immunization and the health risks from preventable communicable diseases. The only other exception allowed in the law is for a certified medical reason.

"By requiring that parents have a conversation with their own physician, Illinois' religious exemption law is now amongst the most robust in the country," said Elmhurst pediatrician Eddie Pont, MD, who served as physician leader for the Illinois Chapter of the American Academy of Pediatrics in advocating for the law. "Studies have shown that these laws, even though they do not eliminate the exemption, are effective at encouraging parents to vaccinate."

Measles Momentum

Statewide, religious exemptions granted for measles vaccinations, a common benchmark for missed immunizations, were nearly 15,000 at last count, according to Illinois State Board of Education figures. In 2009, that number stood at somewhat over 8,000.

Illinois physicians and others, concerned about the exemptions trend, had eyed tougher standards. Then they got a big out-of-state assist in making a tougher law a reality. It came from Disneyland.

A measles outbreak began there in late in 2014 and spread to a number of other states, Mexico and Canada. California soon became the nation's third, and by-far largest, state with the strictest vaccine exemption law. Parents can either prove a credible medical basis for an exemption or start home schooling.

Illinois very quickly joined California. "The impetus for this measure was the measles outbreak in California. Several legislators wanted to champion improving the religious exemption law. ICAAP was instrumental in this effort, providing technical advice as well as lobbying legislators

directly," said Dr. Pont.

Vaccine advocates see the Disneyland outbreak as a turning point nationally. "For parents, for politicians and for the media, that epidemic out at Disneyland made the diseases more real to them," said Benard P. Dreyer, MD, president of the American Academy of Pediatrics. At press time, the AAP was preparing to formally release a national policy statement that addresses opting out of vaccinations. As is the case in California, "We believe that there should be no religious or personal exemptions."

That is a view shared by other organizations including the American Medical Association and, locally, the Chicago Medical Society. In terms of the Illinois law, "It's CMS' belief that we should go further, and mandate these vaccines for all children attending schools in Illinois, similar to state law in California," said outgoing CMS President and internist Kathy M. Tynus, MD.

Figures and Families

The Illinois law exemption form kicks in at entry to kindergarten, middle school and high school. However, the immunization discussion, and most of the shots, should take place long before then.

The overwhelming majority of parents don't need convincing. At the other extreme, hard-core abstainers may seek out practices they have heard are sympathetic. If those parents don't find out by word of mouth, the names can be found on anti-vaccine websites.

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Still, parents ranging from the merely nervous to the adamant are a routine part of childhood primary-care practice life. The data on safety and effectiveness always has a place in the vaccine discussion, but experienced physicians find an effective communication strategy entails shifting from figures to families. "I think that trying to have a statistics-based discussion about the very low risk of any negative consequence of immunization is not helpful," said Andy Bernstein, MD, member of a north suburban pediatrics group practice. He noted that parents can attach their fears to even a very slim possibility of danger and envision that bad outcome for their child.



Family physician Santina Wheat, MD, MPH, site medical director at a federally qualified health center in Humboldt Park, often lets her patients know she would never recommend something that she didn't believe in fully for her own children.

Dr. Bernstein will talk about the science and improvement of vaccines, but the overarching context is the benefit to the child. “The first thing I teach residents in training who rotate through my office is that the biggest motivator of parents who don’t want to immunize their children is that they, like me, are interested only in doing what’s best for their children,” he said. “The fear that a lot of people have is that we’re immunizing kids with so many shots for so many diseases. What they don’t realize is that although it’s true, that we are protecting kids against more diseases now than ever before.”

He and his colleagues head off problems by running a practice that “has a reputation for being an office that believes in the benefits of immunizations. From our first meetings with potential patients, we’ll often be clear about intending to have a fully immunized practice.”

He can almost always successfully reassure even very anxious parents. However, he added, for parents who come to him “and say ‘we don’t think we want you to immunize, are you the right doctor for us?’, my swaying rate is probably closer to 50%.”

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Anita Chandra-Puri, MD, member of a Lincoln Park pediatrics group practice, also starts from a position of empathy and focuses on why parents are hesitant. An anti-vaccine message doesn’t necessarily have to come from afar. “Sometimes it can be because there is a family member who has been in their ear the whole time,” she said. A parent can

“have a hard time refuting that family member.”

Both Drs. Chandra-Puri and Bernstein are at practices that won’t continue to see unvaccinated patients, unless there is a legitimate medical reason. Where Dr. Chandra-Puri practices, physicians will talk with patients about the importance and safety of vaccines “for a few visits, to try and get them to understand our belief and our policy,” she said. “If truly by six months we feel like they are not going to be vaccinating their children, we suggest that they find a different practice because we feel like their thought processes and our thought processes don’t meet up.”

The practice reluctantly allows some limited leeway to “splitters”—parents concerned about too many shots at one time and who want to work them in over a few visits—but warns them that their belief in spacing out vaccines is not safe. Immunization visits are well planned and designed to maintain the dialogue with parents. It is “our way of trying to make sure that they don’t just come in and willy-nilly decide which vaccines they want to get. We explain to them very early that they are sort of playing a lottery in deciding which thing that they’re worried that their child will be exposed to,” she said. After conversations that help parents understand what is at stake in terms of the child’s well-being, “I find people who start out as splitters who then will quickly become schedule followers.”

Tying Vaccines to Home

Family physician Santina Wheat, MD, MPH, site medical director at a federally qualified health center in Humboldt Park, also addresses vaccine concerns with a view to the family—her own. “I often share with my patients that I am a mother myself and fully vaccinate my children. I would never recommend something that I didn’t believe in fully for my own children.”

When the discussion turns to the welfare of others, it is still tied to home. “I don’t actually find that my families respond well to ‘What about everybody else in the class?’ but if I can identify someone in their family that they might be putting at risk, then often I feel that it works a little bit better.”

The overwhelming scholarly research on vaccination has been focused on the safety and effectiveness of the vaccines themselves. But investigation has also turned to effectively communicating about them.

A paper published last year in the *Proceedings of the National Academy of Sciences* was greeted warmly in the lay press. Among the headlines was the *Washington Post’s* “There’s a surprisingly simple way to convince vaccine skeptics to reconsider.” Researchers tested two communication strategies, one showing that vaccines don’t increase the risk of autism and the other, providing information on the harm from illness as a result of not vaccinating. Of the two, the benefits argument was significantly



more persuasive. “We successfully countered people’s anti-vaccination attitudes by making them appreciate the consequences of failing to vaccinate their children,” wrote the authors of the paper.

However, *Pediatrics*, the American Academy of Pediatric’s official journal, the previous year presented a paper that tested four strategies, including themes that were overlapped in the later study, and found that, “none of the interventions increased parental intent to vaccinate a future child.” Among some parents there was actually a “backfire” effect, hardening attitudes against vaccines. To the extent that the two studies appear to agree, it is in the staying power of autism fears and the challenge to overcome them.

Language and the Law

As work is done to refine the most effective vaccination messaging, the anti-vaccine movement—the common catch-all name, although many in that community would say their positions are more nuanced—stands ready to offer its own tutorials on how to avoid the shots.

The ground rules laid out by the state limit the basis for an exemption, but also provide some latitude for those filling out the form. Personal or philosophical reasons cannot be used as the basis for an exception under Illinois law. The belief must be religious, though it “need not be directed by the tenets of an established religious organization,” according to the measure.


Most adherents to modern interpretations of major religions shouldn’t rely on those doctrines to justify an exemption. However, there is a dizzying variety of religion-based claims and interpretations to be found online. Parents looking for help can easily find

anti-vaccine websites that offer sample language on what to write. Time will tell what wording will be acceptable to the local school officials who are responsible for determining if an exemption statement meets the requirements of the law.

The how of resisting vaccination on anti-vaccine sites is secondary to the why to resist, and anti-vaccine activists claim to have their own mountain of evidence to refute that of the scientific community. Vaccine advocates hope that curbing the ease of abstaining, combined with proof that outbreaks can occur and, now, a requirement that parents hear the scientific facts about vaccines, will be effective in slowing the momentum of the anti-vaccine movement.

“I am optimistic. I was in practice during the [celebrity and activist] “Jenny McCarthy” era; at the peak of her influence, I estimate I was calming parental vaccine anxiety in about one of every five rooms,” said Dr. Pont. “It’s much better now, and I believe we’ve turned a corner in terms of the public’s trust in vaccine safety and efficacy.”

However, physicians are also aware of the irony that the triumph of vaccines has made some parents unwilling to vaccinate. “Vaccines, in many ways, are victims of their own success. If you’ve never seen measles, you’re less likely to understand how important it is for your child to receive the measles vaccine,” said Dr. Pont. “This means that the physician community has to be constantly vigilant on the subject of vaccination.”

Benjamin Mindell is an award-winning writer and the former editor-in-chief of American Medical News. He lives in Chicago. 

LEFT: Andy Bernstein, MD, part of a north suburban pediatrics group practice, says that parents can attach their fears to even a very slim possibility of danger and envision that bad outcome for their child. RIGHT: Anita Chandra-Puri, MD, practices at a Lincoln Park pediatrics group that reluctantly allows some limited leeway to “splitters”—parents concerned about too many shots at one time and who want to work them in over a few visits—but warns them that their belief in spacing out vaccines is not safe.