

Answering Vaccine Questions at Community Parent Forums A How-To Guide



California Immunization Coalition
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Acknowledgement

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I. What is a parent forum?

A parent forum is a community event where parents are invited to learn about childhood vaccinations and ask questions to local experts. The forum should be a “safe space” for parents to listen, ask questions, and express concerns. Forums may be held in community settings such as a library, hospital, YMCA, etc. Typically the forum will feature one or more experts to provide background information and respond to questions. A parent who has had a personal experience with a vaccine-preventable disease (e.g., losing a child to pertussis or meningitis) can also be a powerful addition to your event.

II. Do I need one in my community?

Survey research indicates that [54% of parents have concerns](#) about side effects from vaccinating their children. And, despite scientific evidence to the contrary, [one in four parents believes that vaccines cause autism](#). While the majority of US children from birth to age 5 are still fully vaccinated, some communities are seeing an erosion of herd immunity to vaccine-preventable diseases.

In California, rates of parental “personal belief exemptions” (PBEs) to all or some vaccines continue to climb. Schools with high PBE rates are especially vulnerable to disease outbreaks. The California Department of Public Health Immunization Branch compiles PBE data for all California counties. Learning where the highest numbers of vaccine-refusing parents live, can help you decide which areas might benefit the most from a parent forum. To access California PBE data for counties or by school district, visit the State’s [Immunization Levels in Schools and Child Care](#) page and look for the latest versions of “**Kindergarten Assessment Rates**” and “**School Immunization Rates in California.**” These tables are updated annually.

III. Parent forum key components

- **Provide** scientific, evidence-based information for parents wondering about immunizing their children
- **Make** information approachable, understandable, and personal
- **Use** well-informed, credentialed experts and obtain endorsements from relevant local community groups
- **Respect** the audience and speakers’ valuable time. Start and finish on time.
- **Encourage** participants to ask any questions or concerns
- **Facilitate** a respectful discourse, allowing for differences of opinion to be voiced and ensuring that presenters have ample time to respond.
- **Emphasize** common values. We all want to keep children safe and healthy.
- **Adapt** information to best suit the needs of your community (e.g., convenient time and location, appropriate reading level, translation into Spanish), as needed.
- **Offer** resources onsite including fact sheets and trusted online sources

IV. How to identify expert local speakers

The rights speakers can make or break your event. Speakers must be knowledgeable and able to convey information understandably to parents. A speaker should be empathetic, never dismissive to the audience. The [California Immunization Coalition](#) (or your local immunization coalition) is a great place to find possible speakers.

You can also contact your local chapter of the [American Academy of Pediatrics](#) (AAP), [American Academy of Family Physicians](#) (AAFP), your [local Health Officer](#), or an [infectious disease specialty physician](#). Local Children's Hospitals are another resource, e.g., [CHORI's Center for Immunobiology & Vaccine Development](#) (in Oakland)

To find a speaker who can address the science of autism, check below. If not close to your community, ask for referrals.

Bay Area/Northern California

- UC San Francisco [Autism and Neurodevelopment Program](#)
- Stanford [Center for Biomedical Ethics, The Autism Project](#)
- UC Davis [MIND Institute](#)
- [California Society for Biomedical Research](#) in Sacramento (see Speaker's Bureau)

Central Valley [Note: Research focus at these centers is on behaviors, not causes]

Cal State University Fresno [Central Valley Autism Center](#)
[Central Valley Autism Project](#)

Southern California

- UC San Diego [Autism Center of Excellence](#)
- UC Irvine [Newkirk Center for Science and Society](#) or [directory of experts](#)
- UC Santa Barbara [Kogel Autism Center](#)
- UC Riverside [SEARCH Center](#)
- UCLA [Center for Autism Research and Treatment](#)
- Children's Hospital of Los Angeles [Boone-Fetter Clinic](#)

National Organizations

- [Autism Science Foundation](#)
- [Autism Speaks](#)

If you have not met the speaker, you should talk by phone to establish:

- Familiarity** with common vaccine safety misconceptions and parent concerns
- Ability** to speak clearly with minimal jargon.
- Empathy** with the audience's concerns. Discuss the power of integrating personal anecdotes to balance science, statistics, and facts.
- Comfort** level if dissenting opinions are raised about vaccines by the audience
- Availability** to speak evening or weekend times, or travel as needed
- Willingness** to speak periodically vs. "just once," and to waive speaker's fee).

Another option is to create a panel. For example, invite a parent who has experienced a vaccine-preventable disease (e.g., a seriously ill child with pertussis), a local pediatrician, and an autism researcher. Collect written bios for each speaker you use.

QUICK TIPS FOR EXCELLENT PRESENTATIONS

- ▶ **Recommended event duration:** 2 to 2.5 hours
- ▶ **Speaker presentation length:** Will vary depending on number of speakers. Advise speakers to use the “one-minute-per-slide” rule of thumb to estimate how many slides he/she is likely to get through during the allotted time. Leave about half your event time, 45 minutes to 1 hour, for Q&A with the speakers at the end of the event.
- ▶ **PPT help:** Avoid complex charts and graphs. We suggest offering assistance to your speakers *in advance of the event* to [create PowerPoint slides](#) and/or handouts that are clear and concise. See sample [talking points](#) for an outline of key topics to address.
- ▶ **The power of personal stories:** If you cannot find a parent to join your speakers, consider playing a 5-minute video from the [ShotByShot.org](#) online storybank.

V. Creating key partnerships to co-sponsor or publicize your event

You can greatly enhance both your event’s credibility and outreach potential by enlisting community partnerships. Partners can offer tangible assistance including:

- A space to hold the event
- Design, printing or distribution of publicity flyers or e-announcements
- Access to distribution lists for their members or clients
- Help with room set-up, registration, and equipment (e.g., LCD projector)
- Purchase of refreshments

What groups make good partners? Consider your target audience. Are they young parents? Pregnant women? Members of a specific ethnic group? If so, organizations that represent or reach your intended audience will be helpful¹. Some suggestions include:

- [Immunization Coalition](#) or [local health department](#)
- [PTA](#) or local mommy group
- School or child care center ([CA Immunization Coordinators](#) may have lists)
- WIC program, prenatal program, Black infant health program
- [YMCA](#) or local yoga studio (especially with pregnancy classes)
- Hospital or pediatric clinic
- natural foods grocery store or community wellness center
- Maternity stores

Lastly, don’t forget to use social networking to help with your publicity.

- “tweet” about the event or promote it on a Facebook page
- Use traditional bulletin boards in popular community locations

¹ Note: Pharmaceutical companies are not recommended as sponsors for these events. Using partners and speakers with no financial interest in promoting vaccination will enhance your event’s credibility—especially with parents who have questions and concerns about vaccines.

VI. Easy logistics

For a successful event, keep in mind the needs of both your speakers and audience when scouting a venue.

Speakers

- Do your speakers have any time constraints? How far are they willing to travel?

Audience

- What days/times and locations are convenient to your target audience (e.g., easy parking or public transportation)? Evenings and weekends may be more popular with parents who work during weekdays.

Facility

- What are the available times for the facility you find?
- How many people can the room accommodate?
- Must participants register in advance?
- Is the space wheelchair accessible?
- Are you allowed to bring in food?
- Are there child care options? If so, can you make arrangements (2 or more responsible adults and a safe space) for on-site child care during the event? If possible, this may be a selling point for some parents. Be sure to discuss this fully with the facility manager before you advertise the event.
- Does the venue provide for your electronic needs (e.g., LCD projector, microphone, extension cords)? If not, you will need to bring your own.

Your event partners may be able to locate or host your event space. Below are ideas for community locations:

- School or adult school classroom or activity room
- Child care center or WIC Center
- YMCA or other health club
- Library or community recreation center
- Hospital
- Civic organization (e.g., Elks Club, Shriners, Kiwanis)
- Senior Center

✂--- ✂---✂ Community Forum Checklist: ✂---✂--- ✂

Bring:

- Event signage to help find the room,
- Sign-in sheet & names of pre-registrants
- speaker bios (for moderator)
- copies of presenter PPT and handouts
- index cards and pens
- selected fact sheets & resources to handout or display
- evaluation forms
- refreshments (if not provided)
- extension cord for laptop and projector (if not provided)
- camera
- release forms (if needed)



- Register.** Set-up a registration desk and have each attendee sign-in, including email address and how they heard about the event)
- Release Form.** If you plan to record or film at your event, have each attendee complete a [release form](#).
- Welcome.** Designate an event organizer or event cosponsor to welcome your attendees. Add housekeeping notes (e.g., parking validation, restrooms, etc)
- Speaker Bios.** Have a brief bio to introduce each speaker. Let the audience know when they can ask questions (as you go or at the end). Speaker length will vary depending on how many speakers you have, time of day, etc.
- Q&A Cards.** Q&A may be the most important part of your event! Hand out index cards at registration for people to jot down questions. However, consider allowing parents to ask questions verbally to engage them and create a dynamic interaction with the speakers. If time runs short, index cards may be collected and questions answered later online. (Since you've collected email addresses, you can offer to send a link out to all participants once questions have been answered.)
- Evaluation.** [Evaluation forms](#) should be provided at registration and collected at the end. Tabulating the data on these forms can help you determine if parents who attended the forum changed any preconceived negative perceptions about vaccines.

VII. Outreach tips

Your parent forum will be more successful if the publicity reaches your target audience. Keep these tips in mind:

- **Make your forum title neutral** (e.g., “Should I vaccinate my child?” Or, “A community forum to learn about vaccines and vaccine safety”). Make it clear that this forum is a welcoming place for parents who do have concerns but want to learn more.
- **Publicize where you are likely to reach hesitant parents**, preferably in areas with high PBE rates. Suggestions include taking flyers to local PTA, YMCA or other health club, child care centers, library, yoga studios, prenatal parenting classes, natural food groceries, or farmers’ markets.
- **Use your community partners** to help expand your outreach efforts by sending out email announcements or posting flyers. Choose partners carefully to heighten event credibility.

The [outreach flyer template](#) in this guide can be customized to suit your needs. Add the logos of your partners, as appropriate.



Childhood Vaccines

Everything You Want to Know about the Safety of Childhood Vaccines but are Afraid to Ask!

A free community event for parents!

DATE

Month, day, year

TIME

Insert time e.g., 5-7 pm

LOCATION

Building title
Address here
Address here
City here, CA zip code

FEATURED PRESENTERS

[Speaker Number 1, Title Affiliation]

[Speaker Number 2, Title Affiliation]

Light refreshments will be provided

PLEASE REGISTER

- By Phone:
- By Email:

This forum is sponsored by

ADD cosponsors and logos here...

Speaker Talking Points

Empathize with the audience

- It's hard to know what's right. There's a lot of conflicting and confusing information floating around. It's important to be critical of what you read so you can separate credible information from questionable information.
http://www.immunizationinfo.org/files/nii/files/misinformation_about_vaccines.pdf
- I'm a doctor because I want to help children. But I'm also a parent (or grandparent/aunt/uncle, etc) *first*. I vaccinate my own kids because I believe that vaccines can save lives. I would never let my own kids or anyone else's kids get vaccinated if I thought it would harm them.
- Parents today haven't had to experience most of the diseases that used to be commonplace. That's the success of immunizations. It's not because the diseases just went away by themselves due to better diet or sanitation. We can see in many parts of the world, including Europe, that when immunization rates drop, kids get sick. Some will even die from what are now preventable diseases. (see table)

	Annual pre-vaccine cases	Annual pre-vaccine deaths	2006 post-vaccine cases (Reduction)	2004 post-vaccine deaths (Reduction)
Diphtheria	21,053	1,822	0 (100%)	0 (100%)
Haemophilus influenzae type b	20,000	1,000	Less than 50 (99.8%)	Less than 5 (99.5%)
Hepatitis B	66,232	237	13,169 (80.1%)	47 (80.2%)
Measles	530,217	440	55 (99.9%)	0 (100%)
Mumps	162,344	39	6,584 (95.9%)	0 (100%)
Pertussis	200,752	4,034	15,632 (92.2%)	27 (99.3%)
Polio	36,110	3,272	0 (100%)	0 (100%)
Rubella	47,897	17	12 (99.9%)	0 (100%)
Tetanus	580	472	41 (92.9%)	4 (99.2%)
Varicella	4,085,120	105	48,445 (85.0%)	19 (81.9%)

Note: Data for *Haemophilus influenzae* type b are from 2005.

Source: "Historical Comparisons of Morbidity and Mortality for Vaccine-Preventable Diseases in the United States," *Journal of the American Medical Association*, Nov. 14, 2007

ADDRESSING VACCINE SAFETY MYTHS

- **Do kids get more vaccines today than 20 years ago? Yes.** We need to realize that this is a good thing. Let's talk about some of the newer vaccines.
 - In the past, many babies got horribly sick or died from meningitis caused by the *Haemophilus Influenzae B* bacteria. The "Hib" vaccine has brought these cases down to near nothing.
 - We all remember **chickenpox** since most of us had it as kids. And a lot of people believe getting chickenpox is just par of childhood. We need to understand that chickenpox has risks. Children can get sick enough to go to the hospital. And even mildly sick infected children can pass the disease to a pregnant woman causing birth defects.
 - Older kids can now get a **meningococcal** vaccine that protects against many different strains of meningitis bacteria that prevent serious disease consequences like brain damage and infections so bad that limbs have to be amputated.
 - Most women who've gone through the scare of an abnormal pap test probably wish they could have avoided the whole ordeal. More than 11,000 women get **cervical cancer** every year in the US and over 4,000 die—many of them in the prime of life. The HPV vaccine gets girls protected starting at age 11 or 12, cutting their risk of cervical cancer by 70%. That's a great medical advance.
 - **Flu shots** are now recommended for everyone over 6 months old. During 2009 and 2010, flu deaths were lower than expected overall, but many of those who did die were children.
- **It's important to separate popular slogans like "too many too soon" from scientific facts.** Slogans can take on a life of their own. There is research to support that even an infant's tiny body can fight off thousands of germs encountered in daily living. Full blown diseases are much harder to fight off than the weakened or killed bits of antigens that vaccines have. And most people don't realize that vaccine science has continued to improve. Vaccines 20 years ago, even though there were fewer of them, had many more antigens (weakened or killed disease particles). Today's vaccines can give good protection against diseases with far fewer antigens overall. The upshot is, a baby with a normal immune system could have hundreds of vaccinations in a single visit without harming his/her immune system.
www.ncbi.nlm.nih.gov/pubmed/11773551

- **Do vaccines have toxic or dangerous ingredients?** Unless a child is allergic to them, no. The ingredient people worried about the most, thimerosal, has been removed from all routine childhood vaccines except some flu vaccines. Even then, you can ask the doctor for a thimerosal-free flu shot. Some people have questioned the use of aluminum in certain vaccines. The amount of aluminum exposure is far less than the amount of aluminum naturally occurring in breast milk, or in baby milk formulas with soy.
<http://www.immunizationinfo.org/issues/thimerosal-mercury/mercury-vaccines>
<http://www.immunizationinfo.org/issues/vaccine-components/aluminum-adjuncts-vaccines>

ADDRESSING AUTISM MYTHS & MISINFORMATION

- One thing about the Internet: items tend to hang around for a long time. The ONE 1998 study that originally suggested that there could be a connection between the MMR vaccine and autism has been fully retracted by the journal where it was published. The primary author, Andrew Wakefield, was stripped of his medical license in the UK for unethical practices and fraud. His results have not been replicated. But you might not know this from some websites that still state that there is a connection between vaccines and autism. http://www.timesonline.co.uk/tol/life_and_style/health/article7012267.ece
- Even though the causes of autism are not yet known, you might be surprised about what we do know in the field of autism scientific research. I find these facts really help the general public understand more about autism:
 1. **Neuroscience shows that a hallmark of autism disorders is an OVERGROWTH of brain cells.** Children with autism spectrum disorders even have larger head circumference. This finding has been repeated by several research teams in different countries. The significance here is that brain cell growth takes place during fetal development. There is nothing (not toxic exposure or other environmental trauma) that happens after birth that can cause more brain cells to grow.
<http://www.ncbi.nlm.nih.gov/pubmed/20335478>
<http://www.ncbi.nlm.nih.gov/pubmed/17964254>
<http://www.ncbi.nlm.nih.gov/pubmed/16262983>
 2. **Autism experts can usually see signs of autism before parents do.** Often, autism starts being diagnosed around a child's 2nd birthday—sometimes later. Some parents believe their child was 100% normal and healthy because a child suddenly regresses and loses developmental abilities like speech, behavior, and coordination. Typically, early videotape of these children (like at a first birthday party) will show subtle signs that the child's development is not completely normal. Development is tricky. Kids don't all reach the same milestones at the same time so it's easy to *not* see certain developmental problems. Science is still working on what triggers the regression into ASD. We *do* know that there is no evidence it has anything to do with vaccines.

3. **Current research on the diagnosis of autism spectrum disorders** (remember that there is not one “autism” disease but many related developmental disorders that we classify as ASDs). The most current large-scale epidemiological studies show that ASDs are not higher now than 10, 20, 30, or even 40 years ago. Using today’s more expanded definition of ASD and applying that to people in their 50s, for example, would show that people that age who might have been diagnosed as “mentally retarded” or perhaps never diagnosed at all—they were just socially misfit—would now be classified as on the autism spectrum. What it means is that *Time Magazine*, popular media and some parent groups who told us that we’re having an autism “epidemic” were simply not right. <http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/mental-health-surveys/autism-spectrum-disorders-in-adults-living-in-households-throughout-england--report-from-the-adult-psychiatric-morbidity-survey-2007>

Research Showing No link between vaccines and autism

- | | |
|--|---|
| 1. Baker 2008, <i>AJPH</i> | 8. Fombonne et al., 2006, <i>Pediatrics</i> |
| 2. Chatterjee 2008, <i>Expert Rev Vaccines</i> | 9. Demicheli et al. 2005, <i>Cochrane Database Syst Rev</i> |
| 3. DeStephano et al 2008, <i>NEJM</i> | 10. Chen et al., 2004, <i>Psychol Med</i> |
| 4. DeStephano 2008, <i>Clin Pharm Therap</i> | 11. <i>Institute of Medicine, 2004</i> |
| 5. Schechter and Grether, 2008, <i>Arch Gen Psychiatry</i> | 12. Taylor et al., 2002, <i>BMJ</i> |
| 6. Uchiyama et al., 2007, <i>JADD</i> | 13. Madsen et al., 2002, <i>NEJM</i> |
| 7. D’Souza et al., 2006, <i>Pediatrics</i> | 14. Dales et al., 2001, <i>NEJM</i> |
| | 15. Kaye et al., 2001, <i>BMJ</i> |
| | 16. Strauss and Bigham, 2001, <i>Canadian Comm Dis Rep</i> |

It’s Hard to Un-scare

Once the media or public opinion has suggested new a “scare,” we’re often left with a nagging doubt. Think about the urban myth that re-using water bottles causes breast cancer. I’ve learned that this is an urban legend. At best, no science shows a clear health risk. But my mind still says, “why take the chance?”

<http://www.plasticsmythbuster.org/Main-Menu/Plastics-Rumor-Registry/Reusing-Plastic-Beverage-Bottles-Causes-Harmful-Chemicals-to-Leach-Into-Water-.aspx>
<http://www.cancer.org/Cancer/news/News/federal-report-looks-at-risks-from-plastics-chemical>

It’s like that with vaccines. There has been a lot of solid scientific evidence to disprove that there is a link between vaccines and autism. But now we need to tell our brains, “this was not true, now I need to stop worrying.” Putting aside a scare can be hard, but we shouldn’t cling to it without a basis in fact.

Opinion Stated as Fact

You see and hear many arguments questioning vaccines in the media and on the Internet. Questioning is a good thing, when you're reviewing *facts*. But often, opinion gets stated as a fact. Take this example from an online discussion board where a mom writes:

" My son was never vaccinated but was diagnosed with an autism spectrum disorder.... I really believe that that if he were vaccinated he would have been much worse off."

It is interesting that someone reading this discussion saw that remark and replied:

" Thanks for sharing. Personal stories feel truer and more trusty for me than just statistics."

It's a reminder that as compassionate people, we're inclined to *believe* from our hearts, sometimes setting aside the more boring and complicated "facts."

We Believe What We See

Humans tend to be more emotional than logical. We are hard-wired to believe in what we see or experience. If I eat a green apple and get a stomach ache, I'll know, "ah ha! Don't do that again!" But what if my foot hurt instead? Or I got a cold after that apple? Two events don't mean cause and effect.

Parents of children who they feel have been hurt by vaccines will state that their child's disabilities were caused by vaccines but offer no evidence that vaccines were really at fault. It's very traumatic to see a child who got seriously ill. As a human response, *we* want to believe what *they* believe. Autism researchers can explain that autism is often first noticed at a time in life when vaccines are being given. We don't fault families for focusing on this association. However, medical science tells us this is a sad coincidence of one event following another, but not causing it.

Follow the Science

Many Americans distrust "the government" only slightly less than they distrust "big corporations." There's nothing wrong with being vigilant. We absolutely need watchdogs. But we also need to watch ourselves. Many people get so inclined to distrust, that they automatically discredit someone who earns money from the vaccine industry—even when that person is well-credentialed. For example, I could say "He does research on vaccines, so I won't trust him."

It's important that we get away from disbelieving based on a "blanket mistrust" and evaluate instead on scientific facts. See if this same point of view is supported by public health experts or scientific studies. Ask your own doctor to help you evaluate what you read or hear, especially if you question the source.

Community Forum Evaluation Form

1. I am a:

- Mother Father Health care professional
 Expecting mother Expecting Father Other _____

2. My Zipcode: _____

3. How did you hear about this event?

- Saw a flyer
 Received an email
 Heard about it from a friend or colleague
 Other _____

4. What motivated you to attend this event? [Check all that apply]

- Expecting a baby/planning for the future
 Questions about vaccinating my child/children
 Have read or heard information about vaccines that worried me
 Other _____

5. Have you ever delayed or not received vaccines for your child because of concerns about safety or side effects?

- Yes
 No
 Not sure

6. Please rate the speakers

- Excellent
 Good
 Fair
 Poor

Comments: _____

7. Were your questions answered?

- Yes
 No

If no, what questions do you still have? _____

8. Have your opinions about vaccines changed after attending this forum?

- Yes
 No
 Not sure

[OVER]

Community Forum Evaluation Form (cont'd)

9. The registration process was easy.

Yes

No

10. Would you recommend friends or colleagues to a similar event in the future?

Yes

No

11. What was the most valuable aspect of the forum?

12. What was the least valuable aspect of the forum?

13. What is the most convenient time for you to attend workshops like this in the future?

Weekday morning

Weekday afternoon

Weekday evening

Saturday morning

Saturday afternoon

Sunday morning

Sunday afternoon

Anything you'd like to add? Please provide any additional comments here.

Thank you!

Formulario para la evaluación del foro comunitario

1. Yo soy un/una:

- Madre Padre Profesional de la salud
 Futura mamá Futuro papá Otro _____

2. Mi código postal es: _____

3. ¿Cómo se enteró de este evento?

- Vi un folleto
 Recibí un correo electrónico (email)
 De un amigo o colega
 Otro _____

4. ¿Qué lo(a) motivó a asistir este evento? [Marque todas las respuestas que aplican]

- Estoy esperando un bebé/ planeando para el futuro
 Tengo preguntas sobre las vacunas para mi(s) hijo(s)
 He escuchado o leído información sobre las vacunas que me preocupa
 Otro _____

5. ¿Alguna vez ha decidido demorar las vacunas o elegido no vacunar a su hijo por preocupaciones sobre la seguridad de las vacunas o sus efectos secundarios?

- Sí
 No
 No estoy seguro(a)

6. Por favor evalúe las personas que hablaron

- Excelentes
 Buenos
 Regulares
 Pobres

Comentarios: _____

7. ¿Contestamos sus preguntas?

- Sí
 No

Si no, ¿qué otras preguntas tiene? _____

8. ¿Cambiaron sus opiniones sobre las vacunas después de asistir a este foro?

- Sí
 No
 No estoy seguro(a)

Formulario para la evaluación del foro comunitario

9. ¿El proceso de inscripción fue fácil?

- Sí
- No

10. ¿Recomendaría un foro similar a sus amigos y familiares?

- Yes
- No

11. ¿Qué fue lo MÁS valioso de este foro?

12. ¿Qué fue lo MENOS valioso de este foro?

13. ¿Cuál es el horario mas conveniente para que usted pueda participar en eventos como este en el futuro?

- Mañana entre semana
- Tarde entre semana
- Noche entre semana

- Sábados en la mañana
- Sábados en la tarde

- Domingos en la mañana
- Domingos en la noche

¿Algún otro comentario o algo que quiera añadir?

¡Gracias!

Resources and Recommended Handouts for Parents

- [Vaccine Safety: 10 Facts for Parents](#) (CA Immunization Coalition—CIC)
- [Vaccines: Top 5 Myths](#) (Mayo Clinic)
- [Shot By Shot: Stories of Vaccine-Preventable Diseases](#) (CIC)
- [How Are Vaccines Made?](#) (Children's Hospital of Philadelphia)
- [Vaccines and Autism](#) (National Network for Immunization Information)
- [Plain Talk About Childhood Immunization](#) (Washington State Dept of Health)
- [Do Vaccines Cause That?](#) (book: purchase for \$14.95)
- [MMR Vaccine Does Not Cause Autism](#) (Immunization Action Coalition)
- [Clear Answers & Smart Advice About Your Baby's Shots](#) (Immunization Action Coalition)



Resources and References for Health Care Professionals

- [Tips for Talking with Parents](#) (CIC)
- [Vaccine Safety: Responding to Parents' Top 10 Concerns](#) (CIC)
- [Need Help Responding to Vaccine-Hesitant Parents?](#) (Immunization Action Coalition)
- [Addressing Parents' Concerns Toolkit](#) (Project Immunize Virginia)
- [Thimerosal Content in Some US Vaccines](#) (Johns Hopkins Bloomberg School of Public Health)
- [Misinformation about Vaccines](#) (National Network for Immunization Information)

Price CS et al. (2010) Prenatal and infant exposure to thimerosal from vaccines and immunoglobulins and risk of autism. *Pediatrics*; 126(4):656-64. Epub 2010 Sep 13.
<http://pediatrics.aappublications.org/cgi/reprint/peds.2010-0309v1>

Smith M & Woods C. (2010) [On-time Vaccine Receipt in the First Year Does Not Adversely Affect Neuropsychological Outcomes](#). *Pediatrics*, 125 (6):134-1141.

Offit P & Moser C (2009). [The Problem with Dr Bob's Alternative Vaccine Schedule](#). *Pediatrics*;123;e164-e169. <http://www.pediatrics.org/cgi/content/full/123/1/e164>

Gerber JS & Offit P. (2009). [Vaccines and Autism: A Tale of Shifting Hypotheses](#). *Clin Infect Dis*.;48(4):456-61.

Louis Z. Cooper, Heidi J. Larson & Samuel L. Katz (2008). [Protecting Public Trust in Immunization](#). *Pediatrics*;122;149-153. www.pediatrics.org/cgi/content/full/122/1/149

Impact of Vaccines (Table). Historical Comparisons of Morbidity and Mortality for Vaccine-Preventable Diseases in the United States. *Journal of the American Medical Association*, Nov. 14, 2007. Reprinted in *American Medical News*, September 8, 2008. www.ama-assn.org/amednews/2008/09/08/prsa0908.htm

Schechter R & Grether J. (2008). [Continuing Increases in Autism Reported to California's Developmental Services System: Mercury in Retrograde](#). *Arch Gen Psychiatry*;65(1):19-24.

Eric Fombonne E, Zakarian R, Bennett A, Meng L & McLean-Heywood D. (2006). [Pervasive Developmental Disorders in Quebec Canada: Prevalence and Links with Immunizations](#). *Pediatrics*;118;139-150. www.pediatrics.org/cgi/content/full/118/1/e139

Offit PA, Quarles J, Gerber MA, Hackett CJ, Marcuse EK, Kollman TR, Gellin BG, Landry S. (2002). [Addressing parents' concerns: Do multiple vaccines overwhelm or weaken the infant's immune system?](#) *Pediatrics*. Jan;109(1):124-9. Review. www.ncbi.nlm.nih.gov/pubmed/11773551

Update on Autism Research

Courtesy of Eric Courchesne, PhD
Director, UC San Diego Autism Center of Excellence
donated to the California Immunization Coalition
2010

Abnormal Brain Overgrowth in ASD in 1st Two Yrs of Life

Courchesne et al., 2003 JAMA

Dementieva et al., 2005

Dissanayaki et al., 2005

Hazlett et al., 2005

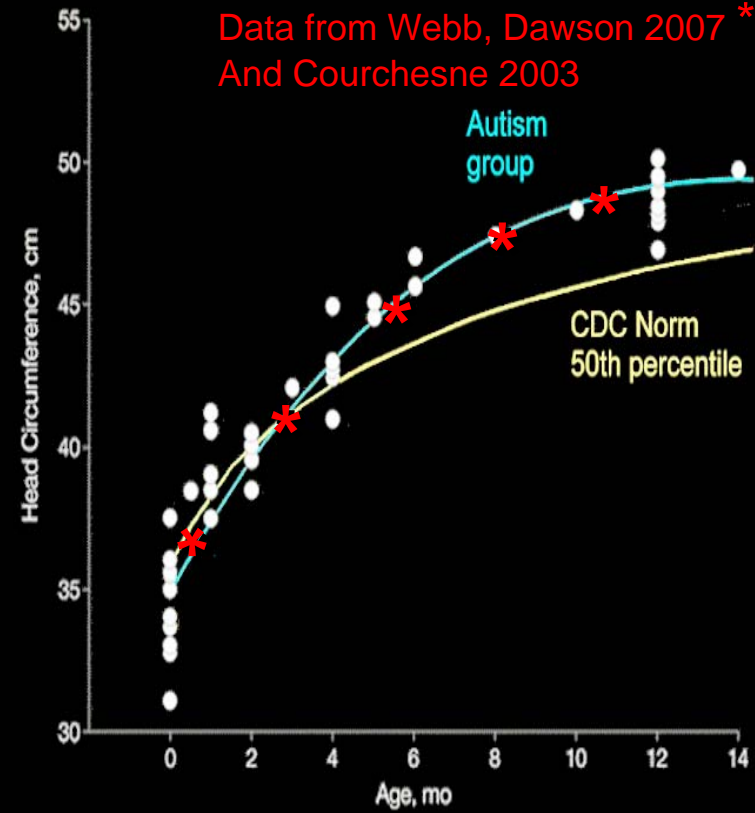
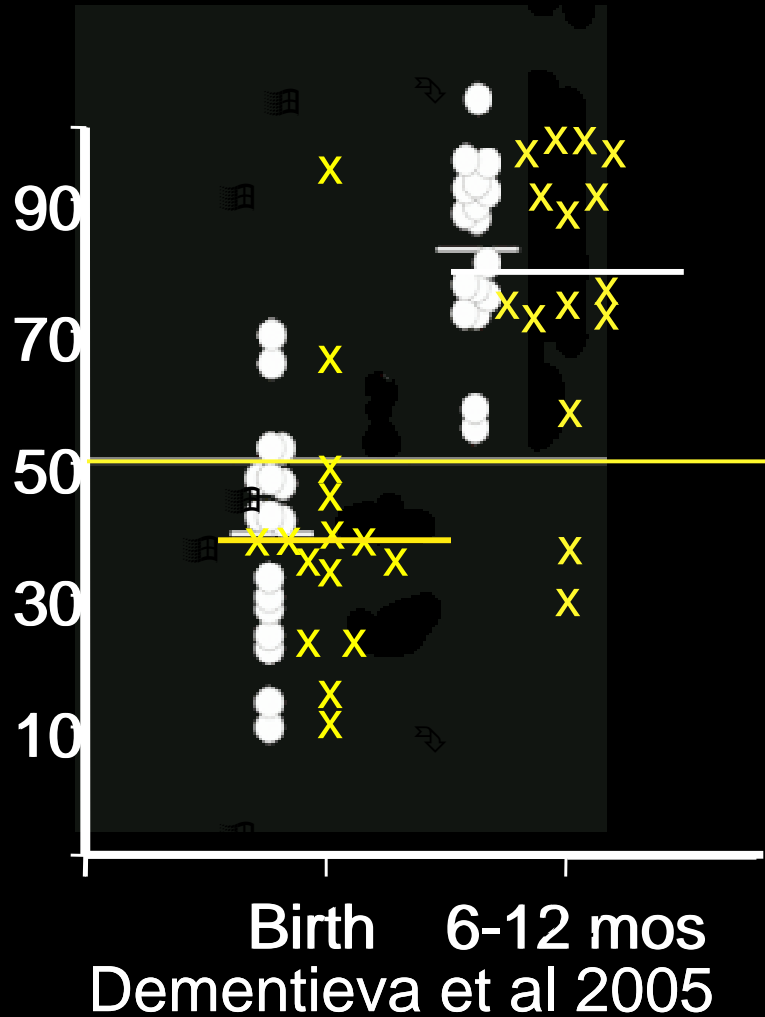
Dawson et al., 2007

Mraz et al., 2007

Webb et al., 2007

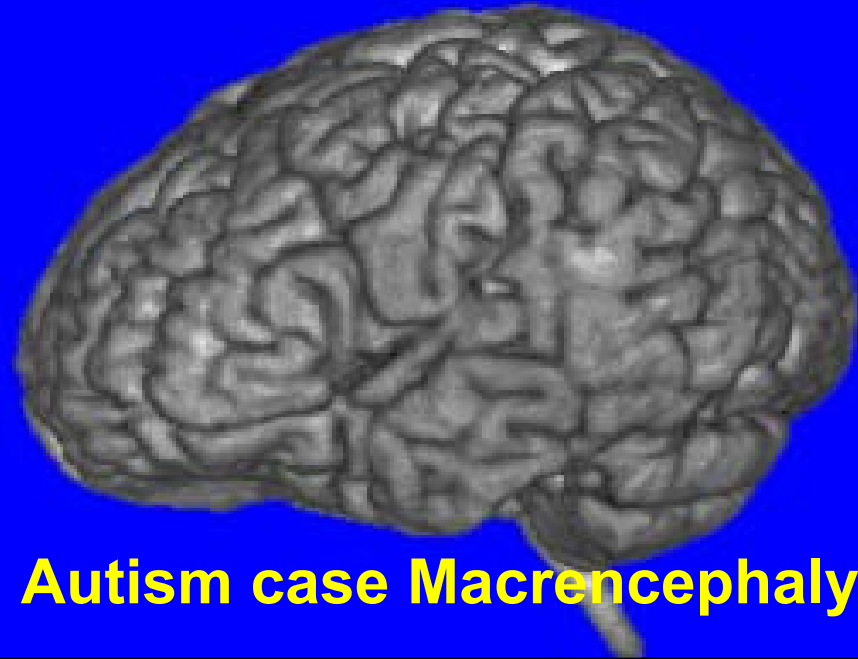
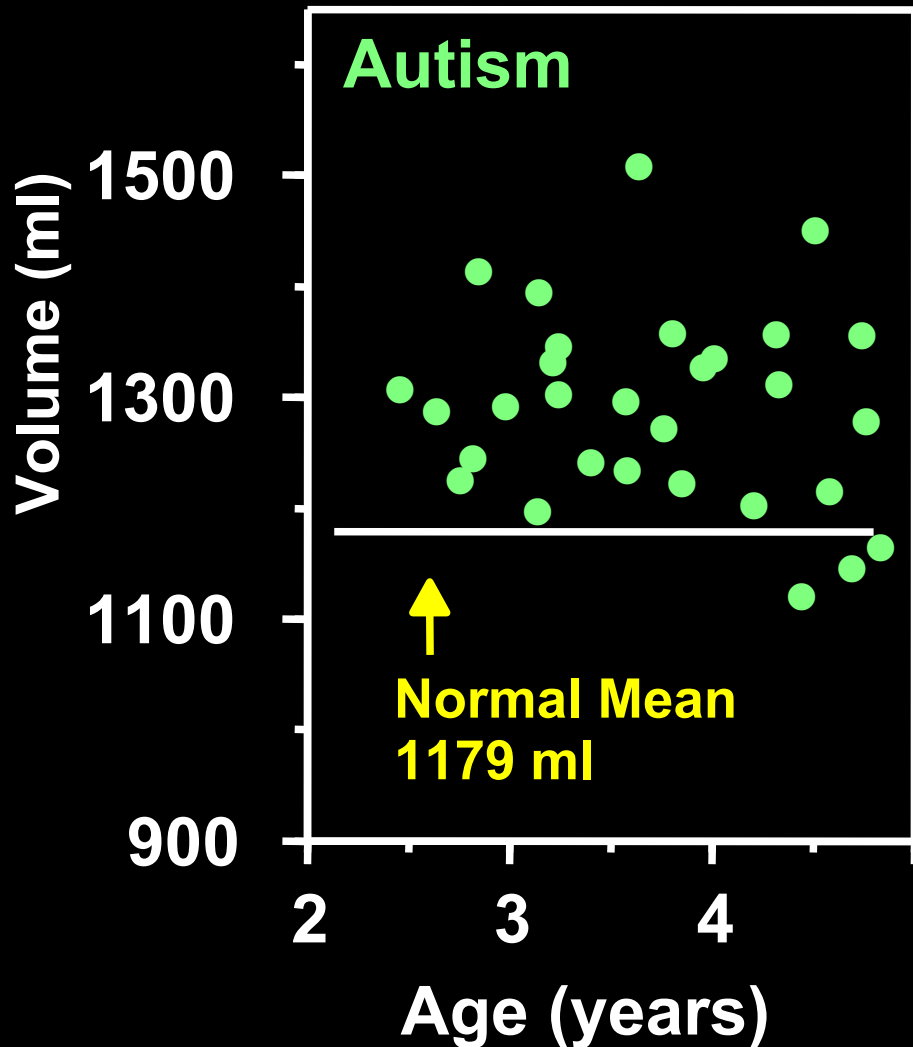
Elder et al., 2007

Pierce et al in manuscript



Abnormal Brain Overgrowth in Autism by 2 to 4 Years of Age

Courchesne et al., 2001



Autism case Macrencephaly

Recent MRI Studies Also
Showing Abnormal Brain
Overgrowth
in Autism by 2 to 4 Years of Age

Sparks et al., 2002
Carper et al 2002
Carper & Courchesne 2005
Hazlett et al., 2005
Bloss & Courchese 2007
**Schumann, Pierce, Courchesne
2010**

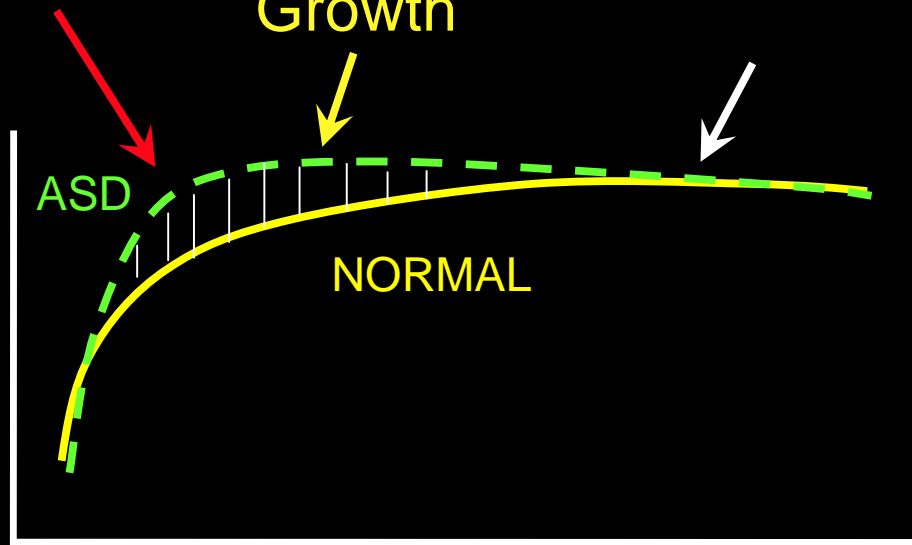
Three Phases of Growth Pathology in ASD

Overgrowth

Arrested Growth

Possible Decline/Degeneration

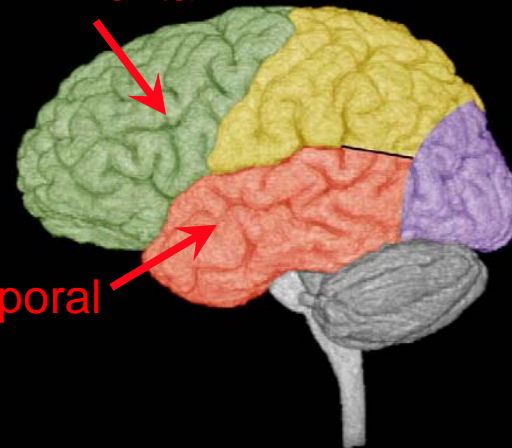
SIZE



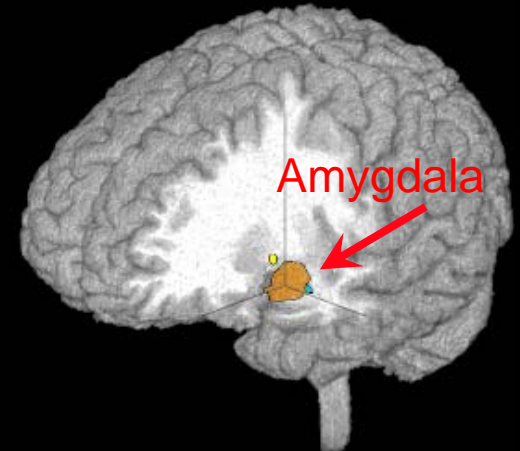
AGE

Frontal

Temporal



Amygdala



Courchesne et al 2001
Courchesne & Pierce 2005
Courchesne et al., 2007

Andrew Wakefield found 'irresponsible' by GMC over MMR vaccine scare

Doctor's research triggered a furore and was direct cause of slump in take-up of MMR, which has led to outbreaks of measles in some parts of the country

**Sarah Boseley, [health editorguardian.co.uk](http://health.guardian.co.uk),
Thursday 28 January 2010 20.34 GMT**

“Andrew Wakefield, the doctor who claimed to have discovered a link between measles virus, bowel diseases and autism and thereby sparked widespread fear of the combined MMR jab, conducted unnecessary, invasive tests on children, the General Medical Council found today. Branding him a dishonest, irresponsible doctor, the GMC disciplinary panel, which has sat and heard evidence for 148 days over two and a half years, finally found a long array of charges against him proven.”

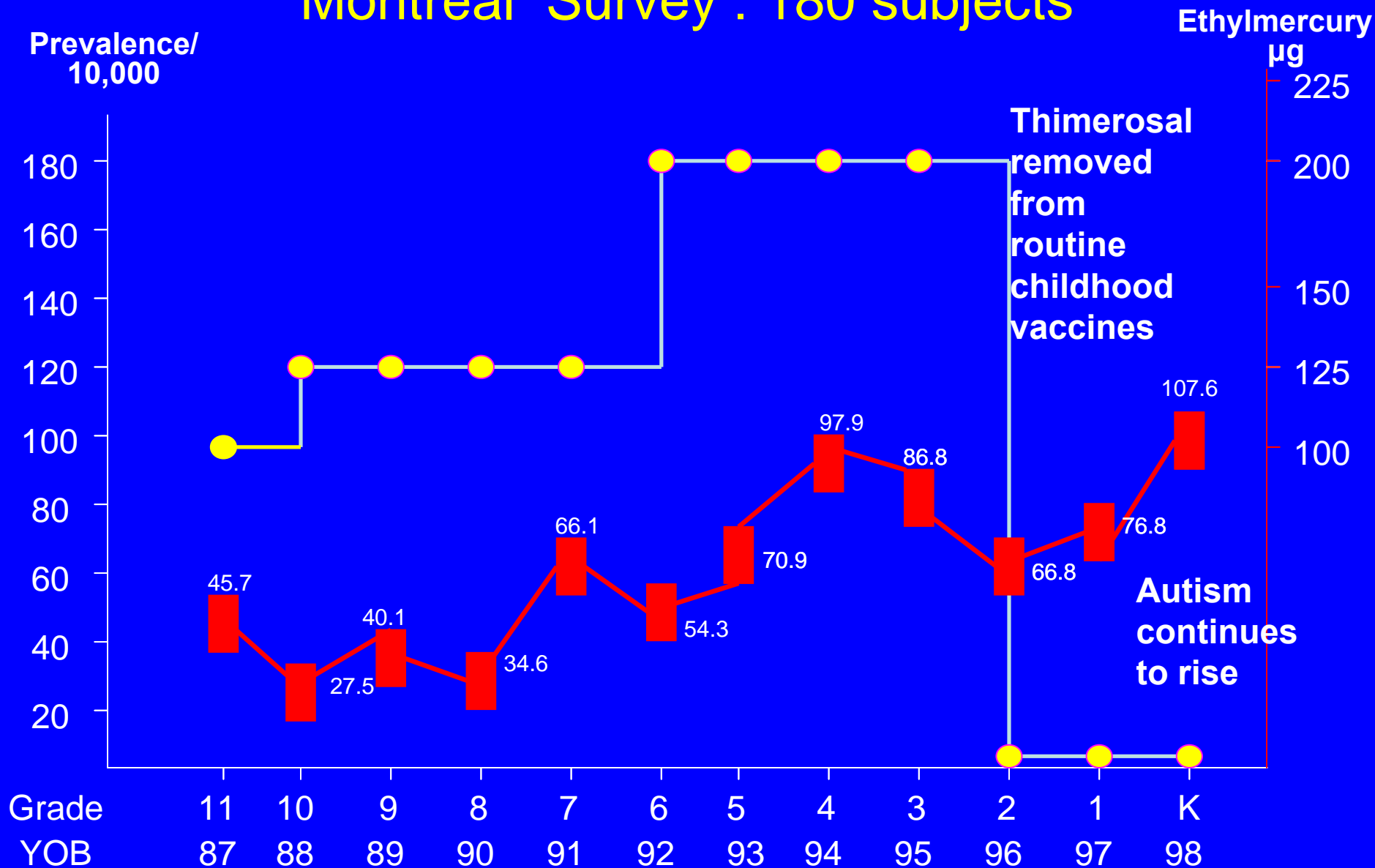
The GMC found that Wakefield had flouted the rules in pursuit of his theory – and profit.”

“The panel found he had subjected 11 children to invasive tests such as lumbar punctures and colonoscopies that they did not need, without ethical approval.”



Birth cohort prevalence rates and EthylHg exposure

Montréal Survey : 180 subjects



Several Dozen Studies Find NO Association Between Vaccines and Autism

Dales et al., 2001, NEJM

Strauss and Bigham, 2001, Canadian Comm Dis Rep

Taylor et al., 2002, BMJ

Kaye et al., 2001, BMJ

Madsen et al., 2002, NEJM

Chen et al., 2004, Psychol Med

Institute of Medicine, 2004

Demicheli et al. 2005, Cochrane Database Syst Rev

D'Souza et al., 2006, Pediatrics

Fombonne et al., 2006, Pediatrics

Uchiyama et al., 2007, JADD

Baker 2008, AJPH

Chatterjee 2008, Expert Rev Vaccines

DeStephano et al 2008, NEJM

DeStephano 2008, Clin Pharm Therap

Schechter and Grether, 2008, Arch Gen Psychiatry

Scores of Studies Link Autism and Genes

Recent Ones:

Autism Genome Project, 2010

Diskin et al 2009, Nature

Glessner et al., 2009, Nature

Wang et al., 2009, Nature

Weiss et al, 2008, NEJM

**Autism Genome Project, 2007, Nature
Genetics**

Sebat et al., Science, 2007

Facts about Autism

- 1 in 100 babies will develop autism
- This rate may not have changed over past 50 to 70 years
- More accurate estimates of true rates due to improvement in Dx and better epidemiology
- Highly heritable disorder
- - Symptoms begin during the first years of life