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

California Immunization Coalition
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Acknowledgement

We gratefully acknowledge the pioneering efforts of the San Diego Immunization Coalition, particularly Tania Farley and Rachel Pacheco. Their best practice program that brings together parents and experts in community settings serves as the model and inspiration for this guide.

Guide prepared by Tammy Pilisuk, MPH.
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 helpful. 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

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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 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.
A free community event for parents!

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/nnii/files/misinformation_about_vaccines.pdf](http://www.immunizationinfo.org/files/nnii/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)

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

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

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.

  o 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.

  o 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.

  o 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.

  o Most women who’ve gone though 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.

  o **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-adjuvants-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.


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.


**Research Showing No link between vaccines and autism**

1. Baker 2008, AJPH
3. DeStephano et al 2008, NEJM
5. Schechter and Grether, 2008, Arch Gen Psychiatry
6. Uchiyama et al., 2007, JADD
7. D’Souza et al., 2006, Pediatrics
8. Fombonne et al., 2006, Pediatrics
10. Chen et al., 2004, Psychol Med
11. Institute of Medicine, 2004
12. Taylor et al., 2002, BMJ
13. Madsen et al., 2002, NEJM

**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?”


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 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 más 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)

http://pediatrics.aappublications.org/cgi/reprint/peds.2010-0309v1


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

Data from Webb, Dawson 2007 *
And Courchesne 2003
Abnormal Brain Overgrowth in Autism by 2 to 4 Years of Age

Courchesne et al., 2001

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 & Courchesne 2007
Schumann, Pierce, Courchesne 2010
Three Phases of Growth Pathology in ASD

Overgrowth

Arrested Growth

Possible Decline/Degeneration

SIZE

AGE

ASD
NORMAL

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

Frontal
Temporal

Amygdala
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, 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

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<th>Prevalence/10,000</th>
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Fombonne et al., Pediatrics, 2006

Thimerosal removed from routine childhood vaccines
Autism continues to rise
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