

Sound Advice

This is an edited transcript of a telephone interview recorded in April 2009.

Dr. Anna Lincoln is a Board Certified Pediatrician with a private practice in Buda, Texas. She has a degree from Baylor College of Medicine in Houston. Dr. Lincoln has two sons, ages 8 and 10, and a daughter who is two and a half.

Q: Dr. Lincoln, tell us about what happened to your eldest son, Wiley, when he was a baby.

Dr. Lincoln: Well, Wiley was about seven and a half months old and he was a happy, healthy baby. We were actually visiting my mother. It was around Christmastime, and he was happy, playing, and then, all of a sudden, really overnight, he got a fever, and the next morning, he just looked very sick to me and I got very worried, and I took him to my sister's pediatrician to see, and really, before I knew it, he was rushed off to the hospital and he had bacterial meningitis.

Q: Do you know what caused your son's infection?

Dr. Lincoln: It was a bacteria called pneumococcal. People get pneumococcal meningitis just from close contact, and what's bad about it is the bacteria's everywhere and you can get it very quickly. That's what was so scary about Wiley's illness is that I remember very distinctly the night before, he had his bath and he was crawling on the floor, happy and smiling, and by morning, he was very sick, and by late morning, he was intubated in the intensive care unit and nearly lost his life because the infection was that aggressive.

Q: How much danger was he in?

Dr. Lincoln: He was in a lot of danger for several days. He was unable to breathe on his own. He had a breathing machine. He was getting antibiotics and he had to have medicine to keep his heart pumping, and he even had an arrest in the hospital and had to be resuscitated the second or third day he was in the hospital, because his bacteria was hard to treat. The antibiotics weren't able to do a good job very quickly, so it was very scary, but the antibiotics eventually worked and he got better.

Q: Shortly after he was diagnosed, a vaccine was released for this illness. Is that right?

Dr. Lincoln: That's correct. He was sick in December of 1999. That's when he was sick in the intensive care unit, and the vaccine for pneumococcal disease came out in February. And I remember in the hospital, my sister's pediatrician came to check on us, and she had already heard about the vaccine. I was in medical school at the time, and didn't know much about the vaccine, but she said this is why, right here, Wiley, this is why we need that vaccine so desperately.

Q: What kind of a difference has it made? Do you see pneumococcal meningitis in your practice today?

Dr. Lincoln: No, I have never seen this infection in my private practice. I've seen it two or three times during residency, and a couple times during medical school, and that's very different to a doctor who practiced medicine, you know, 15, 20 years ago, when taking care of kids with meningitis was part of being a doctor, and seeing the devastation that it could lead [to]. And the residents that are coming up now, we have residents that train at our office, some of them have never seen pneumococcal meningitis.

Q: At what age do children get this vaccine?

Dr. Lincoln: It's given at two months, four months, six months, and then a booster at 12 months.

Q: In your practice, do you have a lot of parents who are asking questions about vaccines?

Dr. Lincoln: Yes, I have a lot of parents asking questions and I welcome the questions. I want parents to understand the vaccines, to understand why they're important, to feel good and comfortable and confident in their decision to vaccinate to children.

Q: What kind of questions are they asking you?

Dr. Lincoln: They ask about safety. They ask about things they may have heard in the news. They ask about why there's so many. They ask, you know, why they have to have them. We don't know what polio is, you know. We've never seen that, but most doctors, at least have seen some of the recent diseases, like pertussis and meningitis. But even newer doctors coming out of residency were kind of spoiled, because the vaccines have made such a huge difference in the lives of children.

So we just have to remind families that, although the diseases may seem low risk, they are not, and that we have to be diligent about continuing the schedule, because it can easily creep back to how it was before the vaccines, which was a time when children could be smiling one night, like Wiley, and the next morning, be fighting for their life in the intensive care unit.

I think one of the things that helps families, we have some videos on our Web site <<http://www.pediatricjunction.com/home.htm>> for them to understand how the vaccines work, because if you understand how they work, it makes sense that they would be safe, because your body's exposed to antigens day-in and day-out, things that mount your immune response. So getting the varicella vaccine is the same as you being exposed to someone with chickenpox, getting no lesions or a few lesions, and becoming immune.

We're trying to simulate natural immunity. Here's what meningitis looks like. Wiley, if he had been, you know, a little younger, he would've gotten his meningitis vaccine, so when he was exposed to it, his body would say oh, that's meningitis, and pneumococcal meningitis, let me take care of you. Let me take care of that. That makes a lot of sense to families, that it's not injecting something foreign or doing something different. It's simulating the body to do something that it does naturally, all day-in and all day-out, which is mount an immune response to things it's exposed to, so that doesn't make the body sick.

Q: How do you feel about alternative vaccine schedules?

Dr. Lincoln: Well they concern me, because the vaccine schedule was made to provide the best and earliest protection for children, and when they're young is when they're most vulnerable. The two, four, and six month schedule is so critical for children, and sometimes, we even do an accelerated schedule if someone is going to be traveling, for instance, out of the country, and we want to try to get their vaccines to get their best protection.

I feel strongly that the children, whenever possible, should be on the schedule, because it provides the best and earliest protection. However, I have some families that feel strongly about how they want the vaccines to be given, and if this provides a way for the child to get some protection, then I do try to work with the families.

But I feel very strongly that the regular schedule is the best schedule. It's designed by scientists and pediatricians who love children and want to protect them as best we can.

Q: What do you say to parents who are worried about vaccine side effects?

Dr. Lincoln: Well we provide a lot of education to families, especially when it's their first baby. So we provide information at a consult before they come to the practice, and then at each of their visits, before the vaccines are given. We put links on our Web site, and we want them to get all the information, so they don't seem so mysterious or scary.

We also give the vaccine information sheets and go over them in detail with families and talk about what they can do to make their child more comfortable. And I do think this helps to know, yes, your child may have a fever, yes, your child's leg may be sore, that anything serious from the vaccine is very rare, and if you ever have concerns, I tell all my families, if you ever have concerns your child is having a reaction, you should call, even in the middle of the night. We're always happy to talk to our patients.

Q: Why does the MMR vaccine trigger questions for parents?

Dr. Lincoln: That is mainly because of what's been in the news. I tell families very strongly, that there is no link with MMR and autism, and that it's not that we're not sure, or we don't know yet, or we have to wait and see. We can, with confidence, say that the measles, mumps, rubella vaccine, given together, as scheduled, does not increase your risk for autism.

Q: Do you recommend the chickenpox vaccine?

Dr. Lincoln: I do, yes. Recently, I've had increasing questions about varicella, especially given the new recommendation for the booster. But most of our families, once we educate them, do follow through with their vaccine. We have moved to the vaccine era, and if you want your child to get natural immunity, the problem is they may not, and they may acquire their primary varicella infection as an adult where the infection can be very aggressive and lead to the deadly complication of pneumonia, or you get it as an adult and you pass it to a pregnant woman, to

your wife, or you're a pregnant – or your daughter doesn't get varicella as a young child. You want her to get natural immunity and she does not, and she gets her primary infection in her second trimester of pregnancy with deadly complications to her fetus.

The family's perspective is that varicella, chickenpox is, you know, a easy disease. We all had it and we're all fine, but I do remind them that there are things that you didn't see, the 100 children that died every year from varicella. And we live in a world where there's lots of contacts with pregnant women, where our children are very mobile and going around with their infections, as opposed to how we grew up many years ago, and that the infection can be aggressive, and that super-infections with the bacteria are something else that we have to be concerned with in this day and age where there was much different 25, 30 years ago.

Q: What adolescent vaccines do you recommend?

Dr. Lincoln: Well we follow the American Academy of Pediatrics schedule, and so most of our children over age 11 will get their TDAP, their tetanus, diphtheria, pertussis vaccine they get. Most of them require a varicella booster, unless they had natural disease, because they only had one when they were young. I do recommend they have the Hepatitis A vaccine, because of the state that we live in. It is required for kindergarteners in my county, and I recommend it strongly for all people because we are a border state and we have a lot of Hepatitis A. I recommend Menactra and have been giving that routinely since the AAP has recommended it, and it is now required for seventh graders in my county, so that is good news.

Q: That's for meningitis?

Dr. Lincoln: Uh huh, meningococcal vaccine for meningitis. I also recommend the HPV, human papilloma virus vaccine, to all my girls in the practice over age 11.

Q: What's the most important piece of information that parents need to know about vaccines?

Dr. Lincoln: Well, I think that they prevent real diseases that are serious and can be deadly, and like I was talking about before, we kind of get comfortable because we haven't seen these diseases. Parents have seen them. Some doctors haven't seen them. But the diseases are real, and they are aggressive. And the vaccines are safe and the science is strong. That's really the approach I try to take with families. It's not that we don't know what's going to happen in the future, or that the vaccines, we don't know if they're safe. We are blessed to live in an age of science, and the science is strong, and it tells us that these vaccines are safe and effective at preventing real serious diseases in children. We're blessed to live in a time where you don't have to wonder does this medicine work, is it safe, because we have data on so many children and so many countries about the effectiveness and the safety of these vaccines.

We have a fully vaccinated practice, which means all of our patients are either on the schedule, on an alternative schedule, which we have very strict guidelines of what – how far we'll go off the schedule, because we want our families to feel comfortable that, within reason, when their children are in this practice, they will not be exposed to vaccine-preventable diseases.

Q: Are your own children fully vaccinated?

Dr. Lincoln: Yes, they are.

Q: How is Wiley doing today?

Dr. Lincoln: He's great. He's in fourth grade. He loves to read "Harry Potter" and "The Series of Unfortunate Events." He loves those things, and he plays baseball, and I feel very blessed, because he, um, it could – could've been different.