

It's a risk worth taking

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By Katharine
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No responsible parent would take a healthy child to the pediatrician in order for him to receive an injection that would cause seizures or permanent neurological damage.

That is why, when in 1984 and 1985 both

"20/20" and "Phil Donahue" aired provocative shows that made a clear connection between DPT immunizations and numerous cases of such permanent and disastrous results, a minor panic was created among many parents of infants and toddlers across the country.

DPT stands for diphtheria, pertussis and tetanus, three diseases very much worth preventing. The American Academy of Pediatrics recommends that children receive a series of DPT immunizations at 2½ months, 3½ months, 4½ months and 18 months, with a booster between the ages of 4 and 6. Routine reactions vary. Some children show no effect from the injections; some children run a slight fever and are sleepy and cranky; and, rarely, some children run a very high fever and show more severe, but temporary, side effects. Pediatricians usually give reduced doses for subsequent injections or otherwise modify the immunization program in those cases.

The sight of brain-damaged children accompanied by vivid descriptions of seizures and gross disabilities was understandably disturbing and threatening to many parents of young children. Appointments for routine immunizations were canceled. A rash of new lawsuits was brought against makers of the vaccine. In 1985, there were 19.79 million doses of DPT administered, and there were 219 suits filed. That works out to about 11 suits per million doses.

The problem lies in the pertussis element of the DPT vaccine. Pertussis is the fancy name for the childhood disease that our parents knew as whooping cough. When you call it whooping cough, it sounds a little folksy and not too serious, but it is a dreadful disease that can be fatal to very young children. The cough is so violent that it can cause brain damage.

The pertussis vaccine is a made from a modified form of the pertussis bacteria, and it is thought that toxins from the bacteria are responsible for the adverse reactions. (It is also thought that those reactions may occur mostly in children with underlying neurological problems.) Compared to other vaccines, such as the diphtheria or tetanus elements in DPT, the pertussis vaccine is less refined.

So why immunize against pertussis if there is a risk? In England, where a national policy led to pertussis immunizations being stopped, and DT vaccines being administered instead, there followed a significant outbreak of whooping cough. The death rate for the disease is approximately one in 200 cases. The rate of severe neurological reactions to the pertussis vaccine is unknown, but in the words of one area pediatrician, whose practice has administered more than 50,000 DPT doses without observing a severe neurological reaction, "It is somewhere between one in 5,000 and one in 5 million."

Because of lawsuits seeking multi-million-dollar damage claims, a number of manufacturers have dropped the vaccine. (Outstanding claims for DPT lawsuits exceed \$5 billion at present.) Last year there was a serious shortage, and a number of physicians feared outbreaks of the disease. The remaining two laboratories that make the vaccine have been forced to make astronomical rate raises. A 15-dose vial of DPT vaccine that cost a physician \$5.43 in 1981 costs \$171 today, and \$120 of that price is reserved for product liability. The corresponding per-dose price has gone from 36 cents to \$11.40, a cost borne by the consumer that may also lead to failure to immunize.

In response to the growing crisis situation, the American Academy of Pediatrics is urging federal lawmakers to create a national vaccine injury compensation bill that would alleviate vaccine costs and take the pressure off manufacturers. (If this sounds good to you, write to your lawmakers.)

Clearly, the thinking that leads parents to decide against immunizing their children is well-intentioned, but it is a mistake. The odds against neurological damage from a DPT shot are far tinier than the very real risk of the disease run by an unprotected child.

It is probably easier for some parents to accept the consequences of that which appears to be uncontrollable — contracting a disease — than to take responsibility for a direct action — a DPT injection — that carries a minuscule but real risk.

Our childhood immunization programs are endangered. We need this legislation and we need some rational thinking. Do we really want to jeopardize the health of an entire generation?

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