



HIRSCH
PEDIATRICS

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Dear Parent:

I am writing this letter to formally express my strong convictions on childhood vaccines and the schedule in which they are administered. Though the media and the internet may give the impression that the use of vaccines according to the schedule endorsed by the American Academy of Pediatrics (AAP) and Centers for Disease Control (CDC) is controversial, **I can assure you that this controversy does not exist within the mainstream scientific and medical community.**

As your trusted pediatrician and advocate for your child, I keep up with the most up-to-date medical research through journals and professional conferences to ensure that your child always receives the best possible care that modern medicine can offer. You should expect nothing less from your doctor.

After critically examining the current and past research combined with the expert opinions of countless scientists, physicians, institutions, organizations (both public and private) whom I trust, I have found an overwhelming amount of evidence to support the safety of the vaccines when administered in accordance with the current AAP recommended schedule.

Regrettably, many celebrities, "celebrity" doctors, and individuals with websites have received a disproportionate amount of media attention and have fueled the fire of controversy by preying on parents' fears. Over the last several months, this misguided information – **without the support of any significant scientific data** - has raised enough fears in well-intentioned parents to scare them into avoiding or modifying the recommended schedule "just to be on the safe side."

In my opinion, not only is the decision to use an alternative schedule not "being on the safe side," it poses an unnecessary risk to your child and the community. Many articles in the last several months have brought to light this increased risk.

For example, due to increased pockets of unvaccinated children, by September 2008 the incidence of measles had already reached its highest level since 1996. Furthermore, in the first 9 months of 2008, there were twice as many measles cases as the previous seven years combined. Let's take a closer look at just one recent outbreak of measles.

In January 2008, a 7-year-old unvaccinated boy from California was seen in his pediatrician's office for a fever. A few days later, as his condition deteriorated, he was admitted to a children's hospital where the diagnosis of measles was made. Upon further questioning, it was determined that he had been exposed to measles during a recent trip to Switzerland.

Unfortunately, before he was diagnosed and treated, eleven additional children contracted measles from him. Of these eleven, four were exposed while visiting the pediatrician's office at the same time as the patient. Of these four, three were infants under 1 year of



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age who were not yet old enough to receive the measles vaccine and thus had no protection.

Dr. Robert Sears, MD, perhaps the best known "celebrity" doctor and author of "The Vaccine Book – Making the Right Decision for Your Child (2007)" has been used by some parents as the model for the alternative vaccine schedule. On pages 235 – 237, Dr. Sears writes about "Dr. Bob's Alternative Vaccine Schedule" for those parents who feel that *"some of the potential problems with vaccines haven't been thoroughly researched to your satisfaction."* He continues to write, ". . . *let's pretend for a moment that some of the potential risks of vaccines are real. How would one go about fully vaccinating while avoiding these risks? . . . I [Dr. Sears] have put together a vaccine schedule that gets children fully vaccinated, but does so in a way that minimizes the theoretical risks of vaccines."*

"Pretend" assumptions? "Theoretical" risks? Why would a doctor or parent choose to use pretend assumptions and theoretical risks that have been proven wrong instead of actual scientific data to provide the best possible care for his or her child? After all, it is real and not "pretend" medicine that has dramatically improved children's health over the last century. In the United States over the last 100 years, for example, there has been over a 93% reduction in infant mortality. Thankfully, diseases that previously caused permanent disability or death in thousands of children per year are now rare in large part because of vaccines.

Dr. Sears, having graduated from medical school in 1995, has self-admittedly never (or very rarely) had a child under his care die or be permanently disabled by easily preventable diseases such as Hib epiglottitis, polio, or measles.

Vaccines are not natural – but that is the point. We do not want nature to take its course on your child when it comes to potentially deadly diseases. Trying to concoct a vaccine schedule as recommended by Dr. Sears that may reflect a more natural disease exposure simply exposes your child to unnecessary risks with no proven benefit. Leaving your child's health up to nature would mean turning back the clock on healthcare.

Thus, for the safety of your child, the other children in our practice, and our entire community of children, I am no longer able to allow these alternative, unproven, and risky schedules. To continue with Hirsch Pediatrics and to provide your child with the highest level of care possible, as of January 1, 2009, I am now requiring the following of all patients:

- The vaccines that are routinely given at the 2-, 4-, and 6-month appointments [DTaP (3), Polio (3), Hib (3), Prevnar (3), Rotateq (3), HepB (3)] **must be completed by age 7 months.**

- The vaccines that are routinely given at the 12-, 15-, and 18-month appointments [MMR (1), Varivax (1), DTaP (1), Hib (1), Prevnar (1), Hep A (2)] **must be completed by 18 months.**



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- The vaccines that are routinely given at age 4 [DTaP (1), Polio (1), MMR (1), Varivax (1)] **must be completed by age 5.**

- Though I disagree, you may postpone the Hepatitis B vaccine since this is not a communicable disease and will not present a risk to other children in the practice or the community.

- Though I disagree, you may choose to not give your child the flu vaccine.

- In order to minimize the total number of injections, I support the combination vaccines; however, with the exception of the MMR vaccine, you may elect to separate the components and administer separately the individual components as long as they are completed by the above timeline.

Exceptions to the above schedule will be made in case of a vaccine shortage or true medical contraindications to a certain vaccine.

For most parents of current and future patients of Hirsch pediatrics, this letter and the guidelines stated above will simply be additional reassurance that their child will always receive the highest level of care possible at Hirsch Pediatrics and not be placed at unnecessary risk by other children in the office.

For those parents that continue to have personal objections to the above schedule, I will work with you to find another pediatrician that condones alternative vaccine schedules. Also, Dr. Sears on his website maintains a database of pediatric practices that support delayed or limited vaccines for children.

As always, I want to thank you for the privilege of being part of your family.

Sincerely,

Steven F. Hirsch, MD

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