



COASTAL CHILDREN'S CLINIC

Excellence in Pediatrics For Over 50 Years!

NEW BERN

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Mon-Fri 8am – 5pm
Saturday 8am-12pm
Sunday 12 – 4 pm

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Vaccination Education Packet

Enclosed are several documents including:

- 1) Parental Refusal of Immunizations – Policy Statement of Coastal Children's Clinic
- 2) Refusal To Vaccinate signature form
- 3) CDC's Recommended Immunization Schedule for ages 0-6 years
- 4) CDC's Catch-Up Immunization Schedule
- 5) CDC's Vaccine Information Sheets for Hib Vaccine, Pneumococcal Conjugate Vaccine, and Diphtheria Tetanus & Pertussis Vaccine
- 6) Children's Hospital of Philadelphia Questions & Answers Session
- 7) **Vaccines Are Safe** article by Richard G. Judelsohn, MD
- 8) **Inoculated Against Facts** article by Paul A. Offit, MD
- 9) American Academy of Pediatrics' Fact Sheet on Autism and Vaccine Safety
- 10) Resources for parents and physicians as available on the Web and library

You have been given this Education Packet because of concerns you have over the safety of childhood vaccinations and /or because you have chosen to delay one or more very important vaccines – vaccines that we require of our patients to remain our patient.

Please review the information presented. We feel this is the best available and should help you to realize that vaccination is in the best interest of all children. There are no medical interventions – vaccines, medicines, surgeries, and procedures – that are one hundred percent safe. Just by driving here you have put yourself at a small risk. We feel that there is no question but that any possible risk of vaccination is much less than the risk of catching a disease without the vaccination.

Please review this information and our policy concerning refusal of vaccination. **We ask that you call our office in the next two weeks** to either schedule a conference to answer additional questions you may have, or to schedule an immunization visit, or to arrange for transfer of your children's records to another physician's office.

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Parental Refusal Of Immunizations Policy Statement - Coastal Children's Clinic

We at Coastal Children's Clinic are dedicated to providing the best care that we can for our patients. We feel to do this effectively we must enter into a partnership based on mutual trust with the parents of our patients so that together we can achieve this goal. Recently, there has been a trend of unjustified fear of side effects from vaccines by well-meaning parents. We believe that immunizations are one of the most important health interventions a parent can do on behalf of their children, and we want all of our patients to benefit from this modern lifesaving tool.

While we recognize and respect the parents' role as the ultimate decision maker for their child's healthcare, we believe strongly that we are obligated to deliver the best and safest healthcare possible for our patients and our community. We feel professionally uncomfortable caring for children who will not receive a minimal set of vaccinations. These preventable diseases can and do cause severe illness, brain damage and death. Although we strongly support all recommended vaccines, there are three series that we must insist that our patients receive in a timely manner to remain a patient in our practice.

The minimal three vaccines are: Diphtheria, Tetanus and Acellular Pertussis (DTaP); Hemophilus Influenza Type B (Hib); and Pneumococcal Conjugate Vaccine (Prevnar). Attached is the schedule for these vaccines as well as all recommended vaccines. While we believe that vaccines are very safe, and clearly safer than not having vaccines, we recognize that there are risks associated with all interventions and therapies. Please see the attached CDC Vaccine Information Sheets for the three vaccines we require.

We hope that you take the time to read quality papers and internet sites about the benefits of vaccines. The best internet site for vaccine education can be found at www.vaccine.chop.edu which is hosted by one of the finest children's hospitals in the country, The Children's Hospital of Philadelphia. The federal government also maintains an informative site at the CDC web site: www.cdc.gov/vaccines. Our providers and staff are pleased to answer any questions in person or loan you a videotape / DVD that was developed by The Children's Hospital of Philadelphia.

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We hope that you will review the accurate information about immunizations here as well as on respected internet sites and consider allowing your child(ren) to receive this important protection. These and all other childhood vaccines are available through our office at modest cost, or through the local county health department at no charge.

As a group practice, we feel we must implement a consistent policy in regard to Parental Refusal Of Immunizations. Refusal of these three vaccinations indicates a significant difference of philosophy of care and it would be best that we terminate our doctor-patient relationship. It is our hope that no patient is discharged from our practice due to vaccine refusal.

If you cannot meet us halfway and obtain at least the three required vaccine series, we will with great reluctance send a letter to you discharging your child(ren) from our care. If your child requires medical care within the following 30 days we will provide that care. After that period our obligation ends. When you have chosen another pediatrician, please complete and return by mail or fax the attached Authorization to Transfer Medical Records form. We will then forward your medical records to this new provider.

Some of us are old enough to have practiced pediatrics without Hib, Prevnar and the newer DTaP. In those days many of our journals were filed with articles describing which antibiotics work best for meningitis and whether or not we could use steroids to preserve hearing in the patients who survived. We became good at managing patients with acute meningitis as well as the complications that followed meningitis – seizures and CSF shunts. These articles and patients are quite rare now because meningitis is rare. We for one do not want to practice pediatrics like that again.

Unfortunately, there seems to be an increasing frequency of parents refusing all vaccinations nationally. This places children in unnecessary and potentially severe risk, and we feel obligated to do everything we can to reduce the number of children needlessly exposed. It is to this group that this letter speaks. It is our hope that the majority of families with ill-founded fears of vaccines will reconsider and obtain for their children all recommended vaccines. If not, and you are unwilling to obtain at least the three minimal vaccinations we require to remain a patient with us, we ask that you find another doctor's office to care for your children. If you would like to stay with us, please schedule a visit in the next week to begin the vaccination series.

March, 2008

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Coastal Children's Clinic - Refusal to Vaccinate Documentation

Child's Name: _____ Child's ID # _____

Parent's/Guardian's Name(s): _____

The Physicians and Staff of Coastal Children's Clinic have advised me that my child (named above) should receive:

Recommended

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <i>Haemophilus influenzae</i> type b (Hib) |
| <input type="checkbox"/> | Pneumococcal conjugate vaccine (Prevnar) |
| <input type="checkbox"/> | Diphtheria, Tetanus, acellular Pertussis (DTaP / Tdap) |
| <input type="checkbox"/> | Measles, mumps, rubella (MMR) vaccine |
| <input type="checkbox"/> | Varicella (chickenpox – Varivax) |
| <input type="checkbox"/> | Polio vaccine (IPV) |
| <input type="checkbox"/> | Hepatitis B (HBV) |
| <input type="checkbox"/> | Meningococcal (Menactra – MCV-4) |
| <input type="checkbox"/> | Hepatitis A |
| <input type="checkbox"/> | Rotavirus |
| <input type="checkbox"/> | Other _____ |

Declined

- | |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

I have read or been given the Vaccine Information Sheet(s) from the CDC explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's doctor or nurse, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- The **purpose** of and the need for the recommended vaccine(s)
- The **risks and benefits** of the recommended vaccine(s)
- If my child does not receive the vaccine(s), **the consequences** may include:
 - contracting the illness the vaccine should prevent. (The outcomes of these illnesses may include one or more of the following: pneumonia, illness requiring hospitalization, death, brain damage, meningitis, seizures, and deafness. Other severe and permanent effects from vaccine preventable diseases are possible as well.)
 - transmitting the disease to others
 - the need for my child to stay out of child care or school during disease outbreaks and for prolonged periods.
- My health care provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention have all strongly recommended that the vaccine(s) be given to my child. Nevertheless I have decided to decline the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled "declined."

I also understand that I am to specifically tell any and all nurses and physicians employed by Coastal Children's Clinic that my child has not been fully immunized whenever I call with questions about fever, cough or other symptoms of illness so that they may modify their advice as appropriate for a non-immunized child.

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others that my child might come in contact with.

I know that I may re-address this issue with my health care provider at any time, and that I may change my mind and accept vaccination for my child anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

I have had the opportunity to re-discuss my decision not to vaccinate my child and still decline the recommended immunizations as indicated by the dates and my initials below: