Unprotected People #39
Hib meningitis

Hib meningitis strikes unvaccinated infant

This story by Bill Snyder appeared as “Vaccine’s Safety, Morality Hit Home for Girl’s Parents” in the Sept. 17, 2000 edition of The Tennessean. It is reprinted here with permission from the publisher.

Suzanne and Leonard Walther of Murfreesboro had serious concerns about the safety and morality of vaccines—some of which were developed years ago from aborted fetal tissue.

So when their third child, Mary Catherine, was born last year, they decided not to have her immunized until they could get their questions answered.

Then, a week before her first birthday on July 19, Mary Catherine was stricken with a form of meningitis that could have been prevented by a vaccine.

Through careful research and questioning, as well as their daughter’s experience, the Walthers now are convinced that the benefits of vaccines outweigh the risks, and that it is morally acceptable to immunize their children.

They also realize how difficult it is to obtain credible information on vaccines from the Internet. “It’s easy to be informed; it’s just not easy to be well-informed,” Suzanne Walther said.

The Walthers’ quest for knowledge began when Suzanne was pregnant with Mary Catherine.

“A friend of mine told me that she was afraid of vaccines—that they were ineffective,” she said. “They had so many adverse reactions.”

Walther, whose two other children, James, 8, and Luke, 4, had been fully vaccinated, responded that she had never heard anything like that. Her friend told her to look it up on the Internet.

“What I could find were pretty sensationalistic sites, the horror stories,” Walther said. “Asthma, allergies, autism, neurological disorders, attention deficit disorder—anything that’s a common ailment in children these days is attributed to vaccines by somebody on the Internet.”

Walther, 35, is a thoughtful, articulate woman—a medical technologist who worked for eight years at Vanderbilt University Medical Center.

“I know that lots of times what appears to be a direct consequence of something isn’t,” she said.

She also knew some of the pitfalls of the information revolution.

“It’s like getting recipes off the Internet,” Walther said. “Some of them turn out great . . . but in some of them, somehow . . . you miss one important ingredient, and you end up with mayonnaise instead of Hollandaise sauce.”

Still, the Web sites she visited raised disturbing questions. Her oldest child, James, has asthma. Could that be related to the shots he got as a baby?

His pediatrician, Dr. Jerry Campbell, assured her there was no scientific evidence that vaccination caused asthma, and he gave her information about vaccine safety.

But when Mary Catherine was born at Vanderbilt, Walther saw a notice in the nursery about delaying the first dose of hepatitis B vaccine.

Some vaccines, including one for hepatitis B, contain small amounts of a form of mercury—called thimerosal—to prevent bacterial contamination.

The amount of mercury is too small to cause significant health problems, but the delay was recommended to “make safe vaccines safer,” a pediatric group said at the time. Thimerosal-free vaccines are also available.

To Walther, however, the notice “gave credibility to some of the arguments against some of the vaccines.”

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“I thought, ‘I’m not ready to have her vaccinated.’”

Even if it took a year for Walther to get her questions answered, she thought, it was unlikely that her daughter would be exposed to a serious infection.

Then on July 11, Mary Catherine had a fever.

“I gave her Tylenol and put her to bed (and) the next morning she had no fever, and she was fine,” Walther said. But the next night, “she got really crabby.”

Walther called the pediatrician’s nurse on call, who suggested that she bring the baby in to Campbell the next day if the fever hadn’t broken. Mary Catherine didn’t have a fever on Thursday, July 13, but Walther brought her in anyway—“just because it had been a long night.”

A blood test showed elevated levels of blood sugar, which can rise during the early stages of an infection. Campbell decided that something was wrong and sent Walther and her baby to Vanderbilt by ambulance.

In the emergency room, doctors removed a sample of Mary Catherine’s spinal fluid.

“It was cloudy with white cells and bacteria,” Walther said. “It was meningitis”—an infection of the delicate tissues surrounding the baby’s spinal cord and brain.

That afternoon, lab tests confirmed Haemophilus influenzae type b, a virulent bacterial infection that has been nearly eliminated in this country by the “Hib” vaccine.

Before the vaccine became available in the late 1980s, about 20,000 cases of Hib meningitis and sepsis, an often fatal inflammatory response to the infection, were reported annually in the United States.

One out of every 20 children died from these complications, and 10%–30% of the survivors suffered permanent brain damage, according to the U.S. Centers for Disease Control and Prevention.

Thanks to the vaccine, the incidence of Hib meningitis and sepsis has now fallen to about 50 cases a year. Vanderbilt doctors said they hadn’t treated a case in several years.

But, as Walther discovered, the bug was still around and still capable of wreaking havoc.

On that Thursday night, as her daughter lay in intensive care, an intravenous line dripping fluids and powerful antibiotics into her bloodstream, a doctor told her: “With this disease, we see death. Permanent paralysis. Permanent hearing loss. . . . Learning disabilities.”

By the next morning, Walther said, she was furious with herself, mad at her friend for suggesting that vaccines weren’t a good idea and angry at her husband for “not putting his foot down and saying, ‘Our kids get vaccinated.’”

A friend calmed her down and prayed with her for her daughter’s complete recovery. After a couple of days, Mary Catherine began to get better. She has since completely recovered.

But even though her daughter was on the mend, Walther was still troubled, particularly by the claim that vaccines are made from aborted fetuses.

“I’m not comfortable with the idea that to give my child an elective treatment, somebody has to have an abortion,” she said.

Walther was referred to Dr. Bruce Gellin, who directs an initiative at Vanderbilt to provide accurate information about vaccines to the general public. Gellin, in turn, showed her an article by John D. Grabenstein in the journal Christianity and Pharmacy.

Grabenstein, an Army pharmacist and vaccine expert based in Falls Church, Va., wrote that viruses used to make several vaccines are grown in two human cell lines developed from the lung cells of fetuses that were aborted in the 1960s.

Viruses need a living host, such as a cell, to grow. But these cell lines have continued to grow in the laboratory for more than 30 years. “No further abortions are necessary to sustain the supply of . . . viruses,” he wrote.

The abortions also were not performed for the purpose of developing vaccines. They would have happened anyway. “Vaccinations are morally accept-
able,” Grabenstein wrote, because of the good they do in preventing illness and death.

To address concerns about vaccine safety, Walther went to Vanderbilt’s Eskind Biomedical Library and researched scientific papers. The clear-cut scientific language appealed to Walther’s background, and finally the clouds of doubt began to lift.

By the time Mary Catherine was discharged from the hospital July 23, Walther said, she was confident that “yes, it is morally acceptable for us to vaccinate our children, and yes, it is medically advisable.”

Walther said she realizes that sometimes vaccines don’t work. Sometimes they cause serious reactions. But the alternative—no protection against preventable, life-threatening diseases—is unthinkable.

“I don’t want my child to be the one in 3 million” who suffers a potentially fatal reaction to a vaccine, she said. “But I also don’t want mine to be the one in 10 that dies if they get the disease.

“So I’d rather take my chances with the one in 3 million than the one in 10.”

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