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All Things Mothering

Behind the Scenes with Dr. Jay

January 7th, 2011



by Jay Gordon, MD

This section is a web feature to compliment the articles "Straight Talk on the 100-Day Cough," by Dr. Lauren Feder, and "The Problem with Pertussis Vaccines," by Barbara Loe Fisher in the January-February 2011 issue of Mothering magazine. To read the articles please order a copy of the January-February 2011 issue, or read the articles digitally by ordering a current digital subscription.

Your doctor and I would probably disagree about the timing and safety of the DTaP vaccine. The P stands for *pertussis*, the word used—perhaps incorrectly—as a synonym for whooping cough. Despite this potential disagreement, I completely understand his or her point of view: Before vaccination, there were many more cases of whooping cough than there are now. The same can be said of measles and the measles vaccine, and I believe that polio and other illnesses have also been nearly eradicated because of judicious vaccination programs. This leads to the circular argument that the reason we have the luxury of discussing when and if to give certain vaccines may be because of vaccines.

I am a member of many breastfeeding and pediatric-health online groups, including groups that include the real experts in my field—the elders and “wise ones,” if you will. In 2010, many of us were deeply offended by the [recommendation by the American Academy of Pediatrics \(AAP\)](#) that babies who are exclusively breastfed past the age of four months receive iron supplements. This recommendation was made by the Committee on Nutrition without consultation with the Section on Breastfeeding, authors of the AAP’s historic 1997 Policy Statement “Breastfeeding and the Use of Human Milk.” The iron recommendation contradicts the statements of the Section on Breastfeeding, and we are preparing a rebuttal.

New AAP growth charts that insist that your baby—yes, your baby—is too tall, too short, too thin, or too fat also appall us. We have watched in shock as our official journal, *Pediatrics*, published an [article telling parents to push infants to sleep through the night at three months of age](#). The members of the AAP are honest doctors with centuries of collective experience in pediatrics, yet so few of them question these recommendations or articles.

In contrast, when I sent a newsletter to my patients and others on my e-mail list commenting on the media’s exaggeration of the number of cases of pertussis in California, and linking to a *New York Times* article, “[Faith in Quick Test Leads to Epidemic that Wasn’t](#)”, there was outrage from my fellow pediatricians like I’ve never experienced before.

Every year, I talk to many dozens of parents whose children have frightening coughs with many of the characteristics of pertussis. At the end of the coughing bouts, some of these children throw up and inhale forcefully, making a “whooping” sound. When the parents or I feel that it’s important to know the cause of the cough, I do lab tests. In my opinion, the best of these imperfect tests is not a culture but a blood test, to look for antibodies against *Bordetella pertussis* in a nonimmunized child or teen. If these antibodies are found, the only likely reason is acute infection. The vast majority of these tests, however, come back “negative” for pertussis antibodies.

In the spring of 2006, thousands of employees, doctors, and patients at Dartmouth Medical Center were harmed by the misdiagnosis of pertussis. Nearly 5,000 people were vaccinated, 1,300 were given antibiotics, and thousands of worker-days were missed: 1,000 doctors, nurses, and others were tested and told to stay home from work until the results were determined.

After eight months of multiple labs attempting to grow the *B. pertussis* bacterium in cultures, the hospital administration finally sent e-mails to thousands of people, telling them that no actual cases of pertussis had been confirmed. A close relative called *Bordetella parapertussis* may have caused the illness, or perhaps there was just persistent misinterpretation of some of the same long, hard coughing illnesses I see in my office all year long. A much smaller but nearly identical pseudo-epidemic occurred at Boston Children’s Hospital that same year, and other similar episodes have been recorded.

The pharmaceutical industry has not earned my trust. They have promoted ineffective drugs and other medicines that they knew had dangerous side effects. They have paid many physicians to ghost-write

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"in-house" research, and then to speak and write about the benefits of these same medications. Even if I believed that vaccines were the greatest invention in medical care—and I do not—I would still argue that the way they're manufactured and given to children is not anywhere near as safe as it could be. Your doctor should be willing to listen to your request to discuss vaccinations as well as to participate in any decisions regarding them.

The articles in the [January–February 2011](#) issue of *Mothering* about whooping cough/pertussis ["Straight Talk on the 100-Day Cough," by Dr. Lauren Feder, and "The Problem with Pertussis Vaccines," by Barbara Loe Fisher] are absolutely elegant bridges to a discussion with your doctor because they are so clear in their presentations. Your discussion with your doctor—or with your friends and family—does not have to be adversarial: All of us want the best possible health for children. No one can deny that there can be significant side effects from vaccination, and we must also remember the epidemics that occurred before vaccination.

If vaccines work—and I believe they do—then vaccinated children are not endangered by unvaccinated children. Susceptible groups, such as very young babies and immunocompromised children, should be protected from situations in which they're exposed to any contagious illness. Your newborn and your 92-year-old grandmother are at much greater risk than others from "routine" childhood viruses and bacteria.

In the [January–February 2011](#) issue of *Mothering*, Dr. Feder points out that vaccinated children have still contracted whooping cough. The reasons for this include the bacterium adapting to the vaccine and thus negating its protection, and the vaccine's waning immunity as a child gets older. After you have read Feder's article, I guarantee that you'll know more about the historical and present-day issues with pertussis, and perhaps more facts about this illness, than nine out of ten doctors.

Dr. Feder says, "In general, pertussis cases are vastly underreported." I disagree with this statement to a certain extent. I think that adolescent and adult pertussis is underreported, but I think that infant and childhood cases are overreported: Many other bacteria and viruses can mimic the signs and symptoms of pertussis. As always, Dr. Feder's approach to natural treatments is incredibly useful to doctors and parents because "conventional" remedies for pertussis are not well known.

Whooping cough, no matter what the causative organism, is a miserable, long, disruptive illness that still endangers young infants. I respect the honest point of view of pediatricians who feel that we must continue to vaccinate as we have for many years. I also respect parents' right to participate in discussions of when and how to vaccinate their children.

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