

# The Vaccine Rate Decline and Addressing Vaccine Hesitancy Around Sudden Infant Death Syndrome

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Saving babies. Supporting families.

**First Candle's efforts to support families during their most difficult times and provide new answers to help other families avoid the tragedy of the loss of their baby are without parallel.**

***“The Covid-19 pandemic has triggered a decline in pediatric vaccination rates across the country, as parents avoid taking their children into clinics or hospitals for fear of coming into contact with the coronavirus.”***

The Covid-19 pandemic has triggered a decline in pediatric vaccination rates across the country, as parents avoid taking their children into clinics or hospitals for fear of coming into contact with the coronavirus. The Center for Disease Control and Prevention reports that up-to-date vaccination rates for children aged five months and up have declined from approximately two-thirds (2016-2019) to 49.7 percent (1), except for Hepatitis B, which is administered at birth.

This raises concerns of increased risk for outbreaks of infectious diseases and loss of herd immunity, especially when the day comes that wearing masks, social distancing, and sanitizing measures become less common and unvaccinated populations become exposed.

There is also the concern that this reluctance to get their children vaccinated could heighten the normal worry some parents have about the safety of vaccines themselves and their side effects on infants and children. Anti-vaccine bias has been persistent in a segment of the population, especially around vaccines and autism, despite multiple studies showing no link (2).

Parents' reasons for vaccine hesitancy have been reported to include religious practices, personal beliefs or philosophical reasons, safety concerns, and a need for more information from healthcare providers. (3) Since in some cases, the safety concern could be around a perceived link between vaccines and Sudden Infant Death Syndrome (SIDS), this may be a good time to review what we know about vaccines and SIDS.

SIDS is part of the sleep-related infant death classifications of Sudden Unexpected Infant Death (SUID), which also includes accidental suffocation and strangulation in bed (ASSB). The CDC reports that SUID is the leading cause of death for infants one month to one year of age, currently resulting in an average of 3,600 infant deaths annually in the U.S., and the mortality rates within this are higher for Black, Hispanic, and Native American infants than for white babies. At First Candle, our mission is to reduce the rate of SUID through family adoption of the infant safe sleep practices developed by the American Academy of Pediatrics (AAP), which have contributed to a more than 50 percent reduction in SIDS deaths between 1994 and 1999, following the launch of the Back to Sleep (now Safe to Sleep) campaign.

Although SIDS can strike at any age during the first year of life, the majority of cases occur during the first six months. Since this time frame coincides with the administration of several scheduled vaccines, it has led to some parents to fear that SIDS is linked to the vaccines.

Since (in normal times) the majority of U.S. children receive these multiple vaccinations during their first year, it is statistically possible that some number of SIDS cases could occur shortly after a vaccine has been administered. However, there has been ongoing research, including population-based studies and analyses of data from the Vaccine Adverse Event Reporting System (VAERS), that indicate no increased risk of SIDS from vaccinations. (4,5 )



**Did you know that premature and low birth weight babies have a 4x greater risk for SIDS?**

**At First Candle we're educating parents, grandparents and caregivers about safer sleep to make sure all babies reach their first birthday. Learn more at [firstcandle.org](http://firstcandle.org)**

What parents should also know is that there is evidence that suggests vaccines can decrease the risk of SIDS.(6) In addition to recommending that babies sleep supine on a firm surface with no extraneous bedding, and that breastfeeding can reduce the risk of SIDS since 2016, the AAP guidelines have also recommended keeping to the schedule of well-child care visits and the immunizations that go with them. This is not only for the benefits of each specific vaccine, but because vaccinations may help reduce the risk of SIDS. (7-9).

Parents may also have concerns about additives, and so should be reassured that mercury-based thimerosal has been removed from nearly all vaccines and that thimerosal-free versions of the multi-dose flu vaccines are available.

However, we know from our own educational work with healthcare providers who counsel families about practicing infant safe sleep practices that habits and fears may not be changed by reading fact sheets, so it is critical for practitioners to listen and learn about parents' viewpoints and generational cultures and to combine evidence-based information with empathy and real-world understanding of what their lives may be like. Are there barriers to their compliance with the wellness visits, and can they be addressed? Are there personal histories that have shaped their decisions, which should be openly and constructively discussed?

These challenging times may also present new solutions; some health programs have been exploring options such as mobile or curbside clinics, having patients wait in their cars, and designating separate areas for sick and wellness visits, in order to bring vaccination rates up. These remedies could help parents of newborns keep their scheduled visits.

In short, the current situation gives rise to fears and worries, but it can also be an opportunity to discuss with parents immunization benefits, reviewing the normal side effects that may occur – but also the effects of the diseases the vaccines prevent. It may be difficult to be concerned about things we no longer see, such as annual polio outbreaks, but the recent rise in measles cases is a reminder of our vulnerability and what vaccines keep at bay.

#### References

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**Disclosure:** The author is the Director of Education and Bereavement Services of First Candle, Inc., a Connecticut not for profit 501c3 corporation.

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