

In 1989, the *Haemophilus influenzae* type B vaccine was relatively new and not yet routine. I was aware of the vaccine's availability, but busy mom that I was, I had not yet made the trip to the health department to get the immunization for my two-year-old daughter, Sarah. I will always regret that bit of procrastination and the anguish that it caused.

As a registered nurse, I felt confident treating Sarah's colds and sniffles without calling our pediatrician. I did not become alarmed when, late one March evening, Sarah's mild upper respiratory infection progressed to a croupy cough and fever. I gave her a tepid bath and acetaminophen to control her fever, and to relieve her croup I transformed our bathroom into a steam room and sat holding her until I was convinced she was feeling better. Vaporizer at her bedside, I tucked her in with the thought that we would see the pediatrician in the morning. I settled into bed, only to be awakened within the hour by my worried husband. Sarah's breathing was becoming more labored and my concern began to grow. It was clear that Sarah needed immediate medical attention in a hospital emergency room.

As we left the house, my husband, Eric, grumbled a bit about taking a child to the emergency room in the middle of the night, to be seen for a simple cold. It was at that moment that I knew what was wrong with Sarah. It was as if God wanted to override any feelings of doubt instilled by Eric's lack of a sense of urgency. As I prepared our daughter for the ride, I told Eric that she could be suffering from epiglottitis, a condition in which the epiglottis becomes so inflamed that it can completely block the airway. He must have seen the panic in my eyes, because he didn't ask questions. In moments, we were speeding toward the hospital. The 25-minute drive seemed like hours as I watched Sarah's condition deteriorate before my eyes. Even in the dim light of our car I could see her color changing from pink to pale blue and then a dusky blue. Unable to swallow the copious secretions pooling in her mouth, she began to drool. As she struggled to breathe, I began to wonder what implements I had in my purse with which I could perform a tracheotomy.

The emergency physician confirmed my suspicions of epiglottitis. A pediatrician and ear, nose, and throat specialist were summoned and agreed that Sarah should be taken to surgery immediately for intubation and possible tracheotomy. The pediatrician explained that Sarah was in serious condition most likely due to infection with the *Haemophilus influenzae* type B (Hib) bacteria. Finally, he added that her illness could have been prevented by vaccination. I was overwhelmed at the thought that my negligence caused this to happen.

The anesthesiologist who was to assist the other physicians arrived in the emergency department. I had worked with him on several occasions and knew him to be confident and unexcitable. As he quickly and quietly assessed Sarah, a look of extreme concern came over his face. He became anxious and began to pace as we waited for the staff to prepare Sarah for the operating room. She was in worse condition than I had thought, and I was terrified that I might lose her.

After leaving Sarah's side, I sought support from friends in the familiar Special Care Nursery where I worked as a staff nurse. Just as Eric and I arrived on the unit, a colleague gave us the upsetting news that there were problems in the operating room. Sarah's throat was so swollen that they could not get her intubated. Their last hope before doing a tracheotomy was to try an extra small tube, the size that we used in the nursery for the tiniest of premature infants. Overcome with worry, Eric and I headed for the chapel to pray. That is where we were an hour or so later as the

surgical team wheeled our little girl past us, on the way to the Intensive Care Unit. My eyes were so full of tears that it took a few moments for me to recognize that she did not have a tracheotomy. The tiny endotracheal tube had been successfully placed, and she was put on a ventilator for respiratory support.

Eric and I sat by Sarah's bedside still fearful for her life. Blood cultures confirmed that *Haemophilus influenzae* type B was the cause of her illness. The pediatrician's admonishment rang in my ears. "This wouldn't have happened if she had gotten the Hib vaccine." I was overcome with guilt as I watched the ventilator pump oxygen into Sarah's tiny lungs. In addition to large doses of antibiotics, the nurses injected her IV with a drug that would temporarily paralyze her, preventing her from becoming restless and dislodging the airway she so desperately needed. I was familiar with the drug, so I knew Sarah could still feel every poke and procedure, but was unable to respond. Knowing that I could have prevented her from going through such torture was almost unbearable.

Thirty-six hours later, the swelling had subsided enough so that the tube could be removed, and Sarah was placed in a humidified oxygen tent. Like most kids, she showed incredible resilience and was discharged on the fifth day. Sarah is 10 years old now and has no memory of the terrible ordeal that her parents will never forget.

I recently began working in a pediatric clinic, and have encountered parents who refuse to immunize their children due to fear of a severe reaction. Perhaps if these same parents are made aware of children like Sarah, who nearly lost her life to a vaccine-preventable illness, they will reconsider their decision not to immunize.

Accessed 3/3/03 at Immunization Action Coalition Express Online.