

Best Shot

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When two-year-old Shayna Ockrant woke up one Saturday morning five years ago with a fever, her mom gave her a dose of acetaminophen and wasn't overly worried.

"She wasn't a sickly kid at all," Heather Ockrant recalls. "We didn't want to panic or anything – it wasn't really my style. So we just kept an eye on it."

By Saturday night – Halloween – Shayna's fever hadn't gone down. "She just kept lying on the couch and she was staring at the TV," says Heather. "Every so often, I'd go over there to see if maybe she was sleeping because she wasn't responding to the kids coming to the door, and she was just in a daze. Her eyes just kind of glazed over watching the TV and I thought, she really must be sick, I'm going to take her (to the doctor) in the morning."

On Sunday, the on-call pediatrician at Shayna's doctor's office told the Ockrants the toddler probably had the flu, and recommended that they go home and wait a few days for her symptoms to subside. Though still concerned, the Ockrants took Shayna home.

By 9 p.m. that night, Shayna's parents started to fear that something was seriously wrong. The child had been biting the inside of her mouth for several hours and it was bleeding; and her eyes were sunken from dehydration. The Ockrants rushed Shayna to York Central, a hospital five minutes away from their home north of Toronto.

When they got there, doctors quickly diagnosed Shayna with an illness far more serious than the flu. "They took us into the room with the couches, and when they take you into the room with the couches, you know it's serious" says Heather. "They said, 'Yeah, she's got meningitis.' We were pretty shocked. I didn't really know what that meant."

What it meant is that Shayna had contracted a disease so serious that it can kill in a matter of hours. Often it leaves brain damage and other permanent disabilities in those who survive.

The Ockrants requested their daughter be transferred to Sick Kids Hospital in downtown Toronto, but doctors at York Central were reluctant. They told Shayna's parents that she didn't need to move because they could administer all the antibiotics she needed at their

facility. What they didn't say was they were worried the girl wouldn't survive the 45-minute drive downtown.

But Shayna's parents were persistent and doctors finally agreed to the transfer. At the downtown facility, Shayna was moved into a private room and given antibiotics. She was unconscious for almost three days. But she finally woke up.

"The first thing she said when she came out was she wanted a drink – it was music to our ears," says Heather. The Ockrants were overjoyed that Shayna was alive. But they soon discovered that the two-year-old hadn't emerged from her ordeal unscathed – within days, it became apparent that Shayna had lost her hearing.

Now, five years later, Shayna's deafness has changed her life. She requires special equipment and therapists, tutors – she needs private instruction for even something as simple as a swim class – all of which come out of the Ockrants pockets. They estimate Shayna's special needs cost them about \$10,000 a year.

But in spite of everything, they say, "It's obvious we got lucky. Not every parent is."

In Canada, there are an average of 300 meningitis cases reported annually, about half in children and teens. Even with treatment, five to 10 per cent of cases are fatal; but diagnosis often comes too late, and without antibiotics, half of meningitis patients die.

Kathryn Blain wasn't so lucky. Her son, Michael, was a healthy, socially active 19-year-old. But he woke up one morning feeling sick and by 1 p.m. he was unconscious. Within 30 hours he was dead.

To Kathryn -- who founded the Canadian Meningitis Research Foundation in her son's memory -- the biggest tragedy is that deaths like Michael's can be avoided. "It's preventable. There's a vaccine available for the strain that Michael had," she says.

Menjugate, the vaccine for the meningitis strain Michael had, didn't exist when he died seven years ago. But although Health Canada approved it in 2001, many Canadian kids still haven't been vaccinated.

That's because Menjugate is one of four vaccines left off the government's list of routine vaccinations given to children. While all four – Menjugate and Prevnar, both for meningitis; Varivax for chicken pox; and Adacel for adolescent whooping cough -- are available in Canada, none of the provinces' health plans covers them all. Alberta does the best job of paying for the vaccines – covering the three most

expensive – but some provinces only cover high risk groups – or none at all. And at a cost of \$900 per child, the price tag for vaccinations can be a cruel divider between the haves and have-nots.

“I think (the government) needs to look at whether they’re going to provide universal health care or if they’re not going to provide it,” says Dr. Stephen Moss, an infectious disease specialist in Toronto. “If they’re going to provide universal health care, then this is an essential issue. ... This is the single best preventative health measure that they could give to children.”

The lack of coverage for these vaccinations puts it out of the reach of many low income Canadians. But that isn’t the only concern. Doctors say when the vaccine isn’t covered by the government parents often think the vaccine isn’t important and some even worry that it isn’t safe.

That’s how Heather Ockrant used to think. “If the government doesn’t think it’s serious, then why should I think it’s serious.”

It’s a dangerous perception. Meningitis strikes hard and fast – and its resemblance to more common, less severe ailments means that often, it doesn’t get treated quickly enough. And it isn’t the only childhood disease that can sneak in and kill: Chicken pox, which is often seen as a harmless rite of passage, can leave children susceptible to potentially fatal complications such as flesh eating disease.

In Canada, more than 2,000 kids are hospitalized every year with complications and up to a dozen die, according to Dr. Moss. Most people don’t make the connection between chicken pox and flesh eating disease, but in fact, the open sores that cover much of sufferers’ bodies leave them 60 per cent more vulnerable to infection.

But again, this can be prevented if only kids are vaccinated – and in Canada, only 15 per cent of kids have been fully immunized. That’s a far cry from the 80 per cent threshold required to eliminate outbreaks.

“This is probably the best preventative health measure that you can provide to your children,” says Moss. “You buy them car seats, you have smoke detectors, carbon monoxide detectors in your home, school buses have flashing lights and crossing arms. Still it would be better to spend your time, effort and money on immunizing your child.”

Detractors worry that vaccinations can stress the immune system and cause side effects. But proponents say today’s vaccines are more specific than ever before and as a result, require far lower doses of antigens than their predecessors to do the job.

W-FIVE gathered a panel of five top infectious disease experts, and they said this is a case where it would be better if Canada mirrored the U.S. – where every child is vaccinated under a national program.

“We are certainly not providing them the best care possible,” says Dr. David Scheifele, of the B.C. Children’s Hospital. “Fundamentally, we’ve lost sight of the basic wisdom that an ounce of prevention is worth a pound of cure. It’s the curative part of the medical care system that grabs the glamour and grabs funding, so that preventative medicine has really suffered. It has not had the investment it should have had.”

“We live in a country where we believe in equitable access to all for health care and vaccines are a fundamental way to prevent disease and maintain health. So I think for all children, we would like them to have equal access to vaccines, and right now, that’s not the case,” says Dr. Barbara Law of Winnipeg Children’s Hospital.

In the past year and a half, two major reports – Roy Romanow’s Commission on the Future of Health Care in Canada and Dr. Andrew Naylor’s report on infectious disease control following the SARS outbreak – called for the establishment of a national immunization strategy. W-FIVE’s panel estimated such a program would cost Ottawa \$300 million – which is not a lot when you consider that the annual health care budget is \$112 billion, or that when these illnesses strike, each individual case can cost taxpayers tens, even hundreds, of thousands of dollars.

In Ottawa the talk is all about a national health strategy. But Canada’s Health Minister Pierre Pettigrew refused to speak to W-FIVE about a national plan to protect our children.

In Ontario – one of the worst provinces for coverage – Health Minister George Smitherman says revamping the immunization strategy is a priority. He promised W-FIVE that a new plan would be forthcoming. “We really do see these vaccinations as an important contribution we can make to keep Ontarians healthy, and one of our primary commitments of our government is to make Ontarians the healthiest Canadians.”

But until those words become a reality, Heather Ockrant says, “Shame on you.

“They’re sitting there, thinking to themselves, ‘No, it’s not important. We’ve got other things to worry about.’ If God forbid this happened to one of their children, they would make it a priority.”

“Maybe this isn’t as much of a priority as some other (diseases),” says Kathryn Blain. “People will ask me statistically how many people are

affected by this disease, and that doesn't even enter into it, because this is an insidious disease. It's preventable. ... Not to compare or discredit, but when I think of the millions that were spent on SARS last year, how many incidents did we actually have?

"By comparison, we have something that is available now. It's preventable. It would certainly create a lot of peace of mind."