Vaccination, Not Vacillation

Abstract:

Among the greatest health advances for children in the 20th century were sanitation, immunization, antibiotics, safe anaesthesia, oral rehydration. In 1942, about 50% Irish children died each year from vaccine preventable diseases (tuberculosis, measles, diphtheria, pertussis, polo). So far, vaccination has virtually eliminated from Ireland polo, diphtheria, smallpox, congenital rubella, tetanus, Hib disease. Measles and pertussis are on the road to elimination. Vaccines have markedly reduced the incidence of bacterial meningitis caused by haemophilus influenzae, meningococci, meningococcus C, and tuberculosis, and have lessened mumps meningitis, measles encephalitis, and influenza mortality/morbidity.

Mary Robinson, our former President, has participated in a GAVI initiative to make access to safe and effective vaccinations a stated right of children and so be included in the UN Charter of Children's Rights. Every appropriate body, such as WHO, UNICEF, AAP, RCPCH, etc. which has looked at immunization has concluded that vaccines should be provided to all children. The Bill and Melinda Gates Foundation has invested and spent millions of dollars in ensuring that vaccines be made available to the poorest countries. For all governments vaccination has been amongst the most cost-effective health intervention it can promote. The arguments seem simple and straightforward. Vaccines are good for children, vaccines go through rigorous evaluations by the FDA and EMA, vaccines are safe. We know that if vaccination rates fall below 90-95%, that infectious diseases, particularly measles and pertussis will become prevalent again. 1908 Russia, following the collapse of communism, experienced outbreaks of polo and diphtheria. France is at present at 90%, US 93%, and the Journal of Adolescent Health has recently reported the US also has rates of 93%.

Recent evidence shows that MMR has a 99.9% programme was 99.9%. Enough said.

Modern-day anti-vaccinationists have been greatly aided and abetted by the internet, by uncritical newspaper and television media, by populations questioning the authority of governments, and by a misplaced belief that infectious diseases have diminished because of improved economics, environments, and use of anti-septics. It is relatively easy to vaccinate 90% of a population, where parents accept the wisdom and advice of professional medical opinion. The last 20% of any population are hard to reach due to a combination of apathy, ignorance, scepticism, acceptance of alternative health, to downright refusal to believe in the efficacy and safety of immunization. Amongst anti-vaccinationists or one can include homoeopaths, conspiracy theorists, dogma disputers, quacks, and cranks. The MJ has commented on this topic.

Andrew Wakefield, a charlatan, chancer, (but good communicator) whose errors have been superbly chronicled by Brian Deer in the BMJ† was loved by the media and he loveth the media. His non-science and non-science paper on MMR took ten years to unravel and undo, culminating in his erasure from the medical register and removal from practice as a result of Wakefields assertions, public perceptions, media manipulations and understandable parental confusion and concerns, MMR uptake dropped in the UK and Ireland, much as pertussis had done in the 1970s. Happily the tide now appears to have turned and vaccine uptake rates are gradually improving. We are still short of the 95% uptake target which will eradicate vaccine preventable diseases from Ireland. Many diseases are effectively eliminated but await eradication. It is up to individual parents to take the right choice for their child and for their community.

I would strongly argue against compulsory immunization on the basis of lessons learned from history (smallpox vaccination), of it being anti-autonomy, anti-choice, and perhaps even unproductive. Information yes, education yes, gentle coercion yes but compulsion a definite no. If we can achieve 95% voluntary vaccine uptake, then we can deal with the remaining 5% (of indifference, anti-immunization, non-believers, etc) can allow their children to share in community immunity induced by vaccination. As things stand in Ireland vaccines are licensed by EMA and the Irish Medicines Board, considered and recommended by the National Immunization Advisory Committee (RCPI), decided by the Chief Medical Officer, activated by the National Immunization Office, funded and administered by the HSE.

Interventions which have been shown to improve vaccine uptake include; incentivising parents by demonstrating the benefits of vaccination for their children; improving vaccine on their clinical agenda; practice nurses specializing in immunization; opportunistic immunization in surgeries, clinics, hospitals when children turn up for other reasons; practice nurses, playgroups, daycare, travel demands informing professionals. The immunization guidelines for Ireland are a World Health Organization publication and are the official source of information on immunization. It is important to have accurate and up-to-date information. A recent EU pharmacovigilance regulation requires that robust data on vaccine reactions is the duty of the Irish Medicines Board, dependent on admission to the national database by doctors and nurses. A recent EU pharmacovigilance regulation will significantly improve the reporting of vaccine adverse event. Quality education is the best education and immunization is of the utmost importance in a healthy childhood. The needle is not as bad as the alternative; the risk of having a large measles outbreak. Arguments and action against vaccination are now being considered and recommended by the National Immunization Advisory Committee (RCPI), decided by the Chief Medical Officer, activated by the National Immunization Office, funded and administered by the HSE. We are now at a better state in Ireland.


References


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