Public Health Policy not Politics

Population Health Sciences

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There should be no debate: vaccines save lives and protect communities. Since 1924, 102 million cases of transmissible diseases have been prevented (26 million since 2003) among children and adults and some of the most important causes of childhood morbidity and mortality have been eliminated. Unfortunately, this success has contributed to rising vaccine hesitancy in which many parents have become more concerned about the need and safety of vaccines rather than the risk from vaccine-preventable disease.

The goal in deciding not to vaccinate may be grounded in a belief that this is the best decision for one's child's health, but recent events have shown us what can happen when individuals and communities choose not to vaccinate. Anti-vaccine sentiment is not new, but vaccine hesitancy has been growing, influenced by a diverse set of beliefs and ready availability of misinformation. What do we do to confront rising hesitancy and maintain trust in and acceptance of vaccines, especially when refusing or delaying vaccination is an individual choice that impacts others?

Vaccine policy in the spotlight

The recent measles outbreak in Disneyland, in which more than 140 people in dozens of states have been infected has led to a re-examination of a parent's right to refuse vaccination in the news media and in state legislatures more than ever before in recent history. In the U.S., one of the mechanisms for ensuring adequate immunization rates is through mandatory requirements for school entry. However, such requirements are softened by a heterogeneous array of state exemption policies, illustrating the challenge of balancing an

individual's right to choose and the health and safety of the community.

At the time of writing this blog, state legislatures are currently debating new, bipartisan bills to restrict exemptions to mandatory vaccination policies for school entry. There is momentum for improved vaccination rates across our country. As a public health advocate, it is encouraging to see the introduction of prudent public policy to protect the health of our communities.

On the other hand, I have been disheartened because news coverage has tried to provide a point-counterpoint, "balanced" approach to its reporting, and has invited scientists and clinicians backed by well-established scientific evidence to debate anti-vaccine groups who are often supported by misinformation. Additionally, the media has tried to make vaccines a hot-button issue in the Republican vs. Democrat debate (as examples, see the coverage of comments by Republican Governor Chris Christie and Republican Senator Rand Paul, as well as the subsequent coverage when both tried to walk back from their comments). This is not where the conversation belongs.

How can we increase vaccine acceptability?

Ideally, vaccination would be acceptable to everyone within his or her worldview. There are strategies that can help us to achieve that goal, but our policies will remain an important lever to influence behavior, and these policies need to be well-informed and consistent without the shroud of partisan politics. We accept policies that may curtail individual choice in many circumstances, and we often call for government intervention when we feel that our health and safety are threatened. For example, we had no problem significantly curtailing others' liberty when volunteers returned from ebola-affected regions, even though there was no risk of exposure from asymptomatic individuals. In the U.S., the risk of contracting measles, influenza or pertussis posed by not vaccinating are far greater than the risks of contracting ebola.

As a member of society, it is important to consider how our actions impact others when it comes to vaccination. As a parent, I understand the desire to protect our children, but this does not make us immune to social responsibility. Consider the parents of the five infants from the Chicago day care who have been infected by measles before they were old enough to be vaccinated. They were depending upon the caregivers and visitors at the day care to be vaccinated. For this reason, prudent public health policy supports ensuring vaccination for school and even preschool entry unless there is a medical contraindication to vaccination.

Recently, someone asked me whether I thought vaccine mandates, and legislation-mandating vaccines, are backfiring. I would argue that they remain a crucial and necessary foundation for our vaccine policy. While there will always be resistance, making vaccination the default sends a strong message that this is an important public health priority. Current events suggest that there may be a growing number of parents who feel the same way.

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