

UCLA Prof of Epidemiology, Vaccines Should Be Voluntary

This editorial is reprinted from the International Herald Tribune. It is by Eric Hurwitz, assistant professor at the School of Public Health, Department of Epidemiology, at the University of California, Los Angeles certainly a "main stream" school and probably not what the medical politicians want you to hear and read.

According to recent medical findings, many parents believe that childhood vaccines are unsafe and seek exemptions from school mandates.

Because unvaccinated children put themselves and others at greater risk of highly contagious diseases that can be prevented by vaccines, it is worth exploring the possible origins of these beliefs and whether they are scientifically justified.

. If vaccines cause harm to some children, and if we cannot accurately predict which kids will programs, by necessity, protect the public's health at their expense. Should the risks and benefits to the child and the public of receiving or not receiving each vaccine be disclosed by a physician in a way that the parent understands the inherent uncertainty of risk and voluntarily makes a decision to accept or refuse the vaccinations?

In the United States, vaccine safety has historically taken a back seat to development and rapid deployment. Remarkably, even today, we lack procedures for the systematic collection of valid long-term safety data. Documented cases of abuse of power, unethical studies and vaccine-induced injury and death may contribute to parents' conceptions.

Evidence of conflicts of interest involving U.S. Food and Drug Administration advisory panel members, the withdrawal of the recently approved vaccine for rotavirus (responsible for severe diarrhea), changes in the hepatitis B vaccine schedule because of possible harm from a mercury-containing preservative and reports from the Institute of Medicine are also likely reasons for concern. The institute concluded that (a) the measles-mumps-rubella and hepatitis B vaccines may cause anaphylaxis, a life-threatening allergic reaction, and (b) the causes of many other adverse outcomes could not be determined because of insufficient data.

Moreover, a recent study suggests that the most widely used current vaccines for whooping cough may be linked with anaphylaxis, while surveillance of the chickenpox vaccine revealed anaphylaxis, encephalopathy (a disorder affecting the brain) and other reactions. Links of the measles-mumps-rubella vaccine and other immunizations with autism have been neither proved nor disproved because of inadequate data.

Similarly, little is known about the potential long-term consequences of multiple and combination vaccines typically administered to U.S. children. Findings from both animal and human studies suggest that vaccinations are one of many genetic and environmental factors that contribute to the increase in allergic disease.

Thus, because of how vaccines are tested and marketed, without large, long-term safety studies before widespread public school use, lack of confidence in vaccine safety may not be a misconception, but a scientifically justifiable concern.

In fact, written informed consent may be warranted because there are insufficient data to accurately estimate the risks; current investigatory systems are not designed to assess the risks of rare events or adverse outcomes with long latent periods; and post-marketing surveillance is arguably still research. Because mandatory immunization policies preclude voluntary informed consent, there is in many cases a lack of trust and shared decision-making between parents and their child's physician.

Any potential unintended consequences of current and future vaccinations need to be acknowledged and adequately addressed through the sharing of data, resources and expertise by government agencies, vaccine manufacturers and researchers.

Until we can predict which children are at risk from current and future vaccines, voluntary, written informed consent rather than coercion may help to restore parents' trust and maintain the public's health.

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