

**Editorial**

**Vaccines: Propaganda and Practice**

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**Abstract:**

Vaccines are a cost effective, time tested means of reducing morbidity and mortality. As more and more new vaccines are introduced and more diseases come under the purview of 'vaccination net', the routine immunization program is sidelined.

This is compounded by vaccination practices in private health care system and anti vaccine propaganda and confusing pro vaccine propaganda. The primary purpose of the vaccine is shifting from prevention of diseases to monetary gains for the health care providers and manufacturers. There is a need to regulate the vaccination practices in the private health care system especially in the developing countries. The regulatory process should educate not only the community but also the health care providers and take adequate measures to control the 'vaccine market forces'

**Key Words:** Immunization, Vaccine propaganda, Immunization program, Anti vaccine campaign

Vaccines — which protect against diseases by inducing immunity — are widely and routinely administered around the world. The use of vaccines has largely reduced mortality and morbidity and it is estimated that immunization alone averted about two million deaths in 2002.(1)

Immunization is a proven tool for controlling and even eradicating certain diseases. An immunization campaign carried out by the World Health Organization (WHO) from 1967 to 1977 eradicated the natural occurrence of smallpox. Eradication of poliomyelitis is hopefully within reach. Since the launch of the Global Polio Eradication Initiative by WHO and its partners in 1988, polio infections have fallen by 99%, and some five million people have escaped paralysis. Between 1999 and 2003, measles deaths dropped worldwide by almost 40%. Large numbers of neonates are protected against tetanus, thus reducing neonatal mortality.(1)

On the other hand, anti- vaccine campaigns are increasing and more parents and anti vaccine groups are questioning the rationality of use of childhood vaccines. There is no statistical data available regarding the impact of these propaganda on immunization programs.

Generally the vaccines can be categorized as follows:

1. Those advocated for routine vaccination programs, mainly to reduce deaths across the world. They are DPT, Polio, Tuberculosis and MMR vaccines. This list differs from country to country.
2. Vaccination at the time of epidemics such as typhoid fever, cholera, and Japanese encephalitis.
3. Vaccines to be taken while traveling to endemic areas, for eg. Yellow fever.
4. Vaccinations which are optional, especially in developing countries like India. These vaccines are not included in the immunization program of Government of India.(2)

In addition to the vaccines against infectious diseases, research is directed towards preventing cancers and autoimmune diseases.(3) Thus there will be great pressure on the children who are already burdened with large number of vaccines (3) espe-

cially in the developing countries. Also, marketing strategies of the vaccine manufacturers will result in deviation from routine immunization practices. The routine immunization coverage in developing countries is far from achieving targets and is the result of wide spread ignorance.(4,5) Falaqas et al systematically reviewed 555 published articles, 39 with relevant data, to identify factors responsible for sub optimal results of routine immunization. Apart from the ignorance in the community, they have highlighted the lack of proper information among the health care professionals, including doctors.(6) Decline in routine vaccination was reported by al Sheik et al between 1989 and 1994 in Iraq and the authors have concluded that wide spread ignorance with regards to the need, dose and benefits of routine immunization as the causes.(7)

**Vaccination Propaganda:** Large scale surveys are to be carried out to study the impact of various propaganda of immunization. The types of propaganda are a) pro immunization propaganda b) lucrative vaccine marketing propaganda c) confusing propaganda d) community generated religion based false propaganda and e) anti propaganda.

*Pro immunization propaganda:* Propaganda on the need for vaccination and its benefits are carried out by the governments and public health care agencies such as the World Health Organization, UNICEFF etc. However, major health care delivery is carried out by private sector, which includes practicing family physicians and the private hospitals. To improve pro immunization propaganda, continued education of health care providers needs to be taken up on priority basis, especially among those who are not in the public health domain. These are the primary physicians who influence not only the community but also the health care workers of public health system. Falaqas ME et al (6) have expressed skepticism and doubts regarding medical information among healthcare structure-professionals, in addition to inadequate support from healthcare providers. The importance of routine immunization is being overshadowed by the lucrative marketing propaganda of the manufacturers of special vaccines.

*Lucrative Vaccine Marketing Propaganda:* The case of vaccine manufacturers is unique: they have broken loose from the market regulations, using a

subtle form of blackmail. They have convinced organizations such as the World Health Organization that new vaccine research can be expected only if good returns are ensured.(8) The onus of showing the cost benefit has shifted from the manufacturer to the consumers, i.e. organizations such as the WHO. Two things that support the UK charity Save the Children and the London School of Hygiene and Tropical Medicine findings are, firstly, exaggerated benefits and, secondly, promoting vaccines that are not needed.(9) Raising poor countries' awareness of immunization with costly vaccines without detailed advice and international financial support in implementing such schemes could end up creating markets for costly new vaccines at the expense of routine immunization against killer diseases.(9) In a country like India where 78% of health care expenditure is "out of pocket" of a common man, undue stress for costly vaccines will definitely facilitate the poverty - illness - poverty cycle. The profit margins provided to the persons recommending the use of such vaccines and sales promotion incentives are enticing the health care providers to trap the "ill-informed" parents in the lucrative vaccination nets!! There is also wide spread confusion and guilt for not vaccinating their children among the poorer sections of the society. Studies need to be carried out in this respect to accumulate evidence.

*Propaganda for Confusion:* Confusion prevails in the community with regards to timing, doses, and types of vaccines available. Although the public health agencies have uniform vaccination schedules, immunization schedules tailored by the hospitals and individuals are available to the parents, resulting in the confusion. The confusion is compounded by the vaccine manufacturers who highlight their product in the immunization schedule.

*Community Generated Religion Based False Propaganda:* Wrong beliefs regarding vaccines are prevalent in Muslim dominated areas of northern India where wild polio viruses still exist. A similar situation is also seen in Pakistan.(10) The origins of such propaganda can be traced to side effects of vaccine coupled with improper vaccine information. The routine vaccination also suffers due to such false propaganda especially in the remote villages and tribal areas.

*Anti Propaganda:* There has been an increase in the anti propaganda by individuals and organizations, though data on impact of such propaganda on routine vaccination is not available as there are no studies in this regard. This propaganda is mainly based on personal experiences and or misinformation by means of internet or print media. Barring few, most of this propaganda are not evidence based and one needs to 'look for' scientific basis of such propaganda. Most vaccine failures cited are the vaccines which are out of the Universal immunization Program (UIP). The cumulative number of vaccine failures or the side effects due to vaccines are "very small" compared to the number of people who have received the vaccines or the number of lives saved. Scams involving vaccination such as "THE FLU JAB SCAM" - that occurred in the US in 1957 and the "Legionnaires Disease" Scam of 1976 question the legitimacy of vaccines other than those of public health. Anti propaganda gets fuelled with heavy, justified compensation given to the victims of vaccine side effects. The victims of Legionnaire's disease scam were paid compensation over a million dollars.(11)

**Vaccination Practices:** The vaccination process carried out by the governmental and health care agencies are well monitored as the accountability levels are of highest order in these programs. Details of such a program could be obtained from Vaccine safety web sites.(12) The monitoring is carried out right from manufacturing, transport, storage, and maintenance of cold chain, to delivery of vaccines. But this monitoring of the entire process is far from satisfactory in non public healthcare systems. Fact finding surveys need to be carried out especially in countries with scarce resources. The priority for vaccination has shifted from routine immunization to prevent deaths, to monetary benefits to the health care personnel recommending vaccine administration. The cost benefit ratio, affordability of the family, maintenance of cold chain and evidences for the prevalence of the diseases are totally ignored in the process of monetary gains for the health care personnel recommending vaccine administration.

**Conclusions:** In conclusion, routine vaccination is likely to suffer as more and more vaccines are introduced in the market along with adverse propaganda mentioned above. The immunization programs carried out by the governmental and health

agencies are well monitored and will be continued to be so. Simultaneously there is a need to evolve a system to regulate vaccination practices in the private health care system, especially in the developing countries. The regulatory process should take into consideration measures to control the 'vaccine market forces' and education of not only the community but also the health care providers.

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