

Mandatory vaccination: is it the future reality?

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Compulsory vaccination with human papillomavirus (HPV) vaccine in USA,⁽¹⁾ suggestion of use of this approach in polio eradication,⁽²⁾ guidelines for vaccination for Hajj travellers in Saudi Arabia⁽³⁾ have recently focused attention toward this public health approach.^(4,5) Compulsory vaccination has traditionally been debated, and time and again described as “vaccination or counselling strategy”, “informed refusal policy” or “mandatory vaccination” to avoid conflicts with opponents of this approach.^(5,6) Even though this approach does not mean that the individual should be vaccinated without consent, it has not been well received, even in developed countries.

The decision to mandate vaccination for adolescent girls in some states in the USA has started one of the most heated scientific debates on this topic in recent times. Opponents argue that this approach is in conflict with individual autonomy. However, in situations when the risk posed by an unimmunised person is high, the health of the community at large should be protected, even if this may mean overriding individual autonomy.⁽²⁾

The current debate on HPV vaccination is different from previous debates because there is technically no harm to the community if one does not get vaccinated, and herd immunity is not a concern here as it is the case with infectious diseases. Mandating vaccinations in such situations, therefore may act as a double-edged sword. Any success may bolster the cause for mandating vaccinations in the case of infectious diseases. On the other hand, it may generate negative sentiments toward government policies, hence undoing any progress made thus far. This is why it is so important to approach this debate on mandatory vaccination carefully.

Perhaps in the coming years, as more and more infectious diseases become successfully controlled through public health efforts and when very safe and effective vaccines against infectious diseases become increasingly common, governments may consider passing legislation on mandatory vaccination. However, any decision on mandatory vaccination should be made only after due consideration, and for the purpose of protecting the community. Unimmunised individuals may pose a risk to the community, individuals who have already been vaccinated, children who are too young to be vaccinated, and those who cannot be vaccinated due to

medical contraindications.^(7,8)

Vaccine refusal by adults for various reasons is understandable, but a distinction needs to be made between adult vaccine refusal and parental vaccine refusal. Parents do not have absolute right to put their child at a risk even if they themselves are willing to accept such a risk for him or herself.⁽⁶⁾ Minors have a right to be protected against infectious diseases and society has the responsibility to ensure welfare of children who may be harmed by their parents' decisions.⁽¹⁾ Counselling should form an integral part of any such legislation, as often it is not conviction but laziness of the parents in taking their child to the clinic for immunisation. Non-compliance should rightly not be a function of laziness.⁽⁹⁾ This is where legislation can help alter parental behaviour.

Compliance could also be improved if legislation addresses people's concerns, such as appropriate compensation for any adverse reaction. Finally, such legislation should also be based on the best available scientific evidence to date and take into consideration the wider and long-term consequences and repercussions on community behaviour, and implemented to all populations without discrimination on social or religious backgrounds.

REFERENCES

- Colgrove J. The ethics and politics of compulsory HPV vaccination. *NEJM* 2006; 355:2389-91.
- Lahariya C, Pradhan SK. Prospects of eradicating poliomyelitis by 2007: compulsory vaccination may be a strategy. *Indian J Pediatr* 2007; 74:61-3.
- Editorial team. Hajj 2007: vaccination requirements and travel advice issued. *Euro Surveill* 2006; 11:ii-3087. Available at : www.eurosurveillance.org/ViewArticle.aspx?ArticleId=3087. Accessed May 17, 2007.
- Orenstein WA, Hinman AR. The immunisation system in USA - the role of school immunisation law. *Vaccine* 1999; 17(suppl 3): S19-24.
- Lahariya C. Compulsory vaccination is essentially vaccination or counseling strategy. *Indian J Pediatr* 2007; 74:880-2.
- Salmon DA, Teret SP, McIntyre CR, Salisbury D, Halsey NA. Compulsory vaccination and conscientious or philosophical exemptions: past, present and future. *Lancet* 2006; 367: 436-42.
- Salmon DA, Haber M, Gangrosia EJ, et al. Health consequences of religious and philosophical exemptions from immunisation laws: Individual and societal risk of measles. *JAMA* 1999; 282:47-53.
- Feikin DR, Lezotte DC, Hamman RF, et al. Individual and community risks of measles and pertussis associated with personal exemptions to immunisation. *JAMA* 2000; 284: 264-9.
- Salmon DA, Omer SB. Individual freedoms versus collective responsibility: immunization decision-making in the face of occasionally competing values. *Emerg Themes Epidemiol* 2006; 3:13.

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