Newsletter 2 Vaccination Decisions

15 June 2012

Last week I sent a letter to the Federal Human Rights Department expressing concern about the way vaccines are being promoted to the public and about the conflicts of interest that exist in policy decisions. Many people decided to put their own interpretation on this information and this led to an unfounded article being published in the Illawarra Mercury titled 'Whooping Cough Row'. The sentiments expressed in the Mercury article are untrue and Wollongong University is supporting this research by providing resources, supervisors and conference funding.

It seems that many people are unsure about the meaning of 'anecdotal evidence' so I will explain more clearly in this newsletter why it is not appropriate for vaccines to be promoted on anecdotal evidence provided by one person's experience.

Vaccination Policy: for the Good of the Community

Before presenting this information about the promotion of vaccines I would like to express my sympathy to the McCaffery family whose child died of whooping cough in 2009, to the Button family whose child is permanently disabled from an influenza vaccine in 2010, and to all other families who have experienced personal tragedy in such circumstances. The debate we need to have is not about individuals but about the type of evidence that is being used to promote vaccines to the public.

Vaccination policy should be designed for the good of the community. The evidence it is founded on therefore should be representative of the risks of the disease or the vaccine to the majority of individuals in the community. A child who is disabled or dies from a disease such as whooping cough is not evidence, on its own of the level of risk the disease represents to the community. Likewise, a child who is disabled or dies from a vaccine is not, on its own, evidence of the risk related to vaccination. The government describes this sort of evidence as 'anecdotal'. This means it is not representative of the balance of risks to the majority of individuals. Putting emphasis on individual cases can be viewed as biased and emotional and therefore the government refers to this sort of evidence as ‘unscientific’.

Like helmets and seatbelts, public health policy must use the statistics of harm that represent all individuals in the population to decide whether a particular management strategy is the best solution to a problem. In the case of vaccines, there is a risk to an unknown number of individuals from the vaccine itself. This risk needs to be acknowledged and quantified. The government’s claim that this risk is ‘small’ needs to be supported by an accurate statistic of harm. Just stating that the risk is ‘small’ gives the impression it is negligible but the government needs to supply a figure representing the frequency and type of adverse events that occur to vaccines each year.

Professor Peter McIntyre, director of the National Centre for Immunisation Research and Surveillance, has stated that on average there are 3 deaths to whooping cough in Australia each year. This risk needs to be weighed against a well-informed estimate of the deaths and disability from the whooping cough vaccine each year. A public health policy that recommends the use of multiple vaccines in children shouldn’t be promoted on the evidence provided by individual parents. In addition, funding and awards from lobby groups is also inappropriate. Pro-vaccine lobby groups, such as the Skeptics, must ask whether they would be happy for a lobby group to fund a parent of a vaccine-damaged child to promote a campaign against a vaccine to the public? This type of evidence does not represent the risk of a vaccine or a disease to the majority of individuals in the community.

It is known that vaccines have side-effects in some children therefore each vaccine must be demonstrated to be necessary to the majority of individuals before it is recommended in a public health policy.

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