

Should vaccines really be compulsory?

Written by Piernicola Pedicini on 3 May 2017 in Opinion
Opinion

There is limited evidence that compulsory vaccination is the key to address vaccine rejection, says Piernicola Pedicini.



Piernicola Pedicini | *Photo credit: European Parliament audiovisual*

The World Health Organisation and Unicef estimate that, in the period 2010-2015, Europe registered a slight decline in the overall immunisation coverage (less than two per cent), compared to the maximum values (approximately 95 per cent) in the period 2012-2013.

In order to achieve the targets of vaccination coverage established by the European Vaccine Action Plan (EVAP), EU countries adopted national strategies based on either a compulsory or a recommended approach.

While compulsory vaccination is a coercive measure which was introduced more than 50 years ago as

a means to tackle infectious disease pandemics, recommended vaccination seeks to promote the conscious exercise of free choice as the basis for any effective preventive action.

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In the latter approach, clinicians and health professionals play a crucial role as intermediaries between institutions and families, with a view to addressing vaccine concerns.

Mandatory vaccination schemes imply the removal of part of this responsibility from the medical profession, pushing parents to carry out personal research online. However, the 'do-it-yourself' method undermines valid consent and public trust, leading in most cases to vaccine rejection.

The prevailing choice among EU policymakers is the recommended and not the compulsory approach: 15 out of 30 countries (the EU28 plus Iceland and Norway) have at least one mandatory vaccination within their vaccination programmes, while the other 15 have no compulsory vaccination at all.

Countries with no compulsory vaccines are Austria, Cyprus, Denmark, Estonia, Finland, Germany, Iceland, Ireland, Lithuania, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden and the United Kingdom.

In Belgium, only one vaccine is mandatory, in France there are three, while Greece, Italy and Malta have four compulsory vaccines.

Nowadays, the countries that have adopted a national vaccination programme with more than four mandatory vaccines are Bulgaria, Croatia, Czech Republic, Hungary, Latvia, Poland, Romania, Slovakia, and Slovenia.

In open contrast with this trend, the new Italian national vaccination plan (PNPV 2017-2019) extended the vaccine offer to 14 vaccines, adding 10 vaccines to the four traditionally mandatory ones (diphtheria, hepatitis B, polio and tetanus): meningococcal B and rotavirus in the first year of life; varicella (first dose) in the second year of life; varicella (second dose) at five-six years; papilloma virus, poliomyelitis and tetravalent meningococcal in adolescents; pneumococcal (both conjugate and polysaccharide) and Herpes Zoster for people above 64 years old; making Italy the EU country with the highest number of vaccines on offer.

These vaccinations are included in the national immunisation programme and, therefore, already paid for by the national health service (SSN). For this reason, some regions have imposed full vaccination requirements for school entry, and adopted legislative proposals that come with disciplinary or contractual sanctions for those doctors and SSN employees failing to support immunisation or actively providing vaccination services.

Since I have serious doubts on the compatibility of this approach with doctors' right to medical freedom, I have submitted a question to the Commission on this topic. I am also requesting the

executive to provide evidence attesting the real effectiveness of compulsory vaccination policies in increasing vaccination rates, if compared with the supportive vaccination strategies adopted by the majority of member states.

If on one hand the compulsory vaccination approach is considered a way to improve adherence to immunisation programmes, on the other hand many national programmes are effective even though they do not foresee any obligation.

Not only is there no significant difference in vaccine coverage among the countries that adopted a mandatory approach and those who favoured recommendation, but in some cases the latter also proved more effective.

I personally believe that compulsory vaccination is not the key to increase knowledge and awareness about the importance of immunisation.

About the author

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