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Online Newspaper Clipping Service

Dtd- Saturday, 16<sup>th</sup>, September- 2017

Pg.No.14

## Does your child need the jab? It is important for parents to make informed choices about vaccination

Anand Krishnan



With doctors prescribing unnecessary vaccines to children and making hefty profits on this making news, it has been alleged that the Indian Academy of Pediatrics is being influenced by the vaccine industry to promote vaccines in an unethical manner.

Doctors and professional bodies have instead raised concerns that such 'untrue' stories make communities lose confidence in immunisation programmes, threatening the outbreak of vaccine preventable diseases. A better understanding of decisions regarding use of vaccines is required at community, media and policymakers' levels so that blame, if any, is laid at the right quarters.

Recommendations for vaccine use can be in the following categories: government includes it in its national programme and provides it free of cost; government recommends it but does not provide it; government does not recommend it but doctors are free to make their decisions; and finally the recommendation that the vaccine is not to be given. In the last case, usually licences are not given for sale in the country.

Every decision in life is in effect a cost-benefit decision. So we compare the cost of being immunised to its benefit. Cost of vaccine includes not just the cost of the dose but also the cost of delivering the vaccine, including the costs of the cold chain and injections. Benefit is seen



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in terms of disease averted. Major considerations here are risk and severity of the disease being prevented and the effectiveness of the vaccine in preventing it. The fact that benefits occur in an unseen, distant future complicates this equation. While communities usually have some idea of the severity of the disease, the perception of risk is quite variable and is often shown as higher than real to promote vaccine use.

Vaccines provided free by government are those whose benefits outweigh the costs in a societal perspective. But government does not provide all vaccines that are cost-beneficial as it may not have

sufficient funds. Another approach is for governments to offer the vaccine to people with high risk, like under-five children or pregnant women or the elderly. This also reduces the cost to government.

At the individual level people have different abilities to pay and make their own cost-benefit estimations. There is no reason why parents who are willing to spend a large amount of money to prevent illness in their child should not be allowed to do so even if it is not cost-beneficial in the societal perspective. For example Hepatitis A is a relatively uncommon illness and the cost of vaccine is on the higher side. But parents have a right to immunise their children against this disease. Many diseases fall in this category and these are at the centre of controversy today.

The correct way here is for parents to weigh the costs and benefits, and make a decision. But doctors are making these choices – and not really educating the parents to take an informed decision. A more reprehensible practice is vaccine manufacturers acting through schools and making vaccines mandatory for students. This is clearly unethical and wrong.

My neighbours and friends often ask me whether they should follow the advice of their pediatrician and vaccinate their children with these optional vaccines. While I explain the risk and benefit concept to them and ask them to take a call, they invariably ask me to decide which I am loathe to do. Unfortunately many Indian parents do not want to invest time in learning. In such cases it is

not fair to put the blame only on doctors.

New vaccines require lots of investment. Manufacturers try to get their vaccines into national programmes as these translate into large sales. Often they cross the thin line of integrity and use predatory practices of marketing.

How does the Indian government decide which vaccines to include in its immunisation programme? Ideally this should be based on evidence both about vaccine effectiveness and India's disease burden. Unfortunately for most diseases we do not have either robust disease burden evidence from India or data on vaccine effectiveness, and community based trials of vaccines are rare. In the absence of real evidence, government has to depend on 'experts' for guidance and all experts being human, are liable to be influenced.

Undue industry interference is true for almost all sectors from telecom to tobacco. So what can be done to promote evidence-based decisions by individuals and authorities on use of vaccines? First and foremost put in place robust surveillance mechanisms as these are essential to evaluate the vaccines. Plus the capacity and regulatory environment for conducting vaccine trials needs to be strengthened. Finally disseminate information on important vaccine preventable diseases to the public in a way that facilitates decision making. It is the responsibility of medical and public health associations to educate parents and policymakers.

The writer is Professor, Centre for Community Medicine, AIIMS