NEW VACCINE INTRODUCTION:
THEN AND NOW

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The Future of the National Immunisation Programme

• To date, there has been no standard national or international framework for the assessment of vaccination options. This shortcoming has now been corrected by definition of the following seven criteria for the provision of a given form of vaccination for a given group:

• From ‘De toekomst van het Rijksvaccinatieprogramma: naar een programma voor alle leeftijden’ (2007/02)
Some of the 7 criteria:

• 1 *The infectious disease causes considerable disease burden within the population.*
  – Serious for individuals
  – Has potential to affect large numbers of people
More criteria

• 3 Any adverse reactions associated with vaccination are not sufficient to substantially diminish the public health benefit.

• 6 The ratio between the cost of vaccination and the associated health benefit compares favourably to the cost-benefit ratio associated with other means of reducing the relevant disease burden.
From the UK

Introducing a new vaccination program affects the epidemiology of the infection targeted and reduces the risk of infection in unvaccinated persons. With such an intervention comes an obligation to monitor the impact of vaccination through effective surveillance that draws accurate data from a variety of sources and perspectives. When analyzed in conjunction with mathematical modeling techniques, such surveillance data can also be used to predict the extent to which a disease will be controlled and indicate how current strategies may need to be adjusted.

Two major points

(1) It’s never in fact been so rational (and probably never could be!)

(2) Even as a policy analyst’s ideal, lists of criteria (including those for the RVP) miss something crucial...
BCG vaccine, 1920s-1940s

• Some countries adopted it rapidly (eg France, Scandinavia)...

• Some countries adopted it and then abandoned it (temporarily) (eg Germany, Netherlands)
Some countries adopted it late and reluctantly (eg UK)

HAVE YOU BEEN DONE?

THE MEANING OF B.C.G.

"HAVE you been done?" asked Jack as he joined his sister and his friend Jim at the bus stop.

"Done? What, me? Not likely. Why, do I look as glum as all that?" said Jim, who prided himself on his brains.

"I don't mean that way. I mean B.C.G. Jane and I have just been along."

"B.C.G.? Who is he, anyway? Some new friend of yours?" said Jim suspiciously.

Jack laughed. "Yes, I hope he is—but it isn't a 'he.' It's the new stuff they inject you with to stop you getting T.B."

"Oh, that's different. Does it hurt?"

"No," said Jack, thoughtfully. "As a matter of fact I didn't know they had done it."

"Well, why did you have it done? You don't have to, do you? You're not scared, are you?"
US: lobbying for measles vaccination

• “To those who ask me ‘Why do you wish to eradicate measles?’, I reply with the same answer that Hillary used when asked why he wished to climb Mt. Everest. He said ‘Because it is there.’ To this may be added, ‘...and it can be done.’

Alexander Langmuir, chief epidemiologist, CDC
(American Journal of Public Health 52 (1962) 1-3)
“measles should be prevented, not only as Langmuir has said “because it is there and it can be done,” but also because of the toll it takes in human misery” (Lancet editorial 1964)

“It would be tragic if its action was merely to postpone an attack of measles into the age-group when complications such as encephalitis would be common...In Great Britain at the moment it is not necessarily logical to say, “We can produce a vaccine; let us therefore use it.” (BMJ editorial 1964)
Vaccination starts much later

• UK in 1967
• Netherlands in 1976
• Why these delays?
MMR vaccine

• In the 1980s new considerations are becoming influential...or even determinant in decision-making. Especially

• *What the neighbours are doing*

• *Expected costs and benefits*
The start of HPV vaccination

Imágenes publicitarias

Armed against cervical cancer.

GARDASIL—the only cervical cancer vaccine
For girls and young women ages 9 to 26 years

YOUR DAUGHTER COULD BECOME
1 LESS LIFE AFFECTED BY CERVICAL CANCER.
‘Reframing’ HPV

• “cervical cancer was transformed from a relatively rare cancer with an effective health care infrastructure for prevention and early detection into a death sentence, a ‘disease of innocence’, and a major public health concern”

From Laura Mamo et al in K. Wailoo et al Three Shots at Prevention (Johns Hopkins U.P. 2010)
Bijna helft meisjes niet bij vaccinatie tegen kanker

UTRECHT, 20 MAART. Bijna de helft (48 procent) van alle meisjes die zijn opgeroepen voor een prik tegen baarmoederhalskanker heeft in de eerste twee weken van de campagne geen vaccinatie gehaald. Dat heeft het Rijksinstituut voor Volksgezondheid en Milieu (RIVM) vandaag laten weten. Het RIVM wijst de lage opkomst onder meer aan de verhalen die rondgaan over de vaccinaties en roept mensen op hun keuze te baseren op informatie die is gestoeld op feiten. Voor de campagne, die op 2 maart begon, zijn 380.000 meisjes van 13 tot 16 jaar uitgenodigd om zich te laten inenting tegen het virus dat baarmoederhalskanker veroorzaakt. In augustus worden de meisjes die niet zijn geweest, opnieuw benaderd. (ANP)
Debat...
Provokes reflection...
Conclusions

• Adding to the immunisation schedule is political....and it’s becoming difficult to conceal the politics

• To avoid further stimulating vaccine hesitancy the acceptability of the new vaccine should be assessed first(as it used to be)...

• Which means assessing not just the new vaccine alone but the(extended) NIP as a whole