VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Vaccination sceptics are immune to debate

David Oliver *consultant in geriatrics and acute general medicine*

Berkshire

In 2018 we learnt that rates of vaccination against measles, mumps, and rubella (MMR) in under 10s fell in the UK for the sixth consecutive year.¹ From 2010 to 2017 an estimated half a million children missed their MMR vaccination.²

The UK's MMR coverage is now well below the 95% recommended by the World Health Organization to ensure effective herd immunity. Unicef reported that over 21 million children a year worldwide miss their measles vaccination. The picture is similar for several vaccine preventable conditions.³

WHO announced that, from 2017 to 2018, reported measles cases in Europe tripled.⁴ The United Nations reported that cases had quadrupled worldwide.⁵ Experts such as Helen Bedford, writing for the BBC, set out links between declining uptake of vaccination and the rise in outbreaks.⁶

Pseudoscience

Academic and journalistic analyses of vaccine hesitancy and falling uptake have highlighted the role of social media activism and pseudoscience in citing vaccination as harmful, unproved, and behind the rise in conditions such as autism.⁷⁻¹¹ Blame has also been laid at the door of right wing populism, with its distrust of government, scientific experts, and professionals. The arguments focus on individual liberty and parents' rights to make decisions for their own children.¹⁰

André Spicer, professor of organisational behaviour at the Cass Business School at City, University of London, argued in the *Guardian* that "scare tactics" and "heavy handed warnings" would not improve vaccination rates.¹² A variety of approaches to better information and involving families in benefits was more likely to work for "hesitant parents." Paul Ward, a public health professor, has argued that blaming parents rather than seeking to understand their fears is counterproductive.¹³

Persuading individual parents is one thing. But trying to debate with the more determined anti-vaccination activists can be a futile endeavour, not played by the rules healthcare experts are used to.

Every scientific paper in support of the cause (whatever its quality) and every commentator sympathetic to the cause (expert

or not) is selectively harvested and cited. Allegedly hidden harms and risks of vaccination are highlighted. If you're not a genuine content expert it's impossible to wade through each individual source to appraise it or understand its limitations. If you really are a content expert, steeped in the science and leadership of mass vaccination—or an official body, from Public Health England through to WHO or the UN—you'll be labelled as being close to (and influenced by) the vaccine manufacturers, and the impartiality of your advice will be questioned.

Reports of outbreaks and rising infections will be dismissed: "How many of those cases were actually verified?" The severity of the disease we're trying to prevent will also be questioned. Measles and other preventable childhood infections can kill or bring serious long term damage and disability, but these consequences will be minimised to suit the cause. You'll be told that not all vaccinated people mount a sustained immune response (which is precisely why we need a high uptake for herd immunity).

Don't be surprised if your defence of mass vaccination against refuseniks leads to attacks on social media or impassioned private correspondence. If you push back, the whole cycle will start again.

The idea of children developing natural, normal immunity through exposure to infections will be romanticised. Arguments about the collective societal need to vaccinate our own children so that we don't put other children at risk will be either ignored or represented as a callous attack on parents and dismissal of their concerns—potentially a bad look for doctors and nurses, even when acting for a greater cause. And suggestions that vaccine refusers are putting their own children at risk will be used to make those doctors look even worse.

Responding to arguments

When it comes to high emotional stakes played out in public, it's a roughly equal contest: reports and shocking pictures of children with serious, vaccine amenable infections versus harrowing stories from parents of children who were fine until

vaccination but whose ill health or disability coincided with it. And pointing out that a correlation doesn't prove causation will find you further wearing the tag of a patronising, number crunching technocrat divorced from the realities that real people just know, in their bones.

WHO has published guidelines on *How to Respond to Vocal Vaccine Deniers in Public*.¹⁴ Using data, evidence, and expert consensus to combat arguments that come from the gut and the heart isn't an easy road. Perhaps it's better to focus on effective methods of raising vaccination rates and accepting that, in some arguments, you either can't win or will only be made to look bad if you do.

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