

# Alberta Doctors' Digest

## Vaccination shenanigans

As my deadline for an editorial approaches, I pay closer attention to the news, particularly as it relates to health care. I'm certainly not one of the cognoscenti, but neither do I want to be uninformed. Newspapers and particularly their letters to the editor prompt a response from me and add an ingredient I need: attitude. I'd be nowhere without attitude.

Measles has gotten my attention and in a big way. It's everywhere. Short years ago, there was talk of eradicating the malady worldwide. Fifty or sixty years ago, medical students thought they'd be the last to see measles meningitis or measles pneumonia or even the oral lesions called Koplik spots that a pediatrician had noted as hallmark precursors of the disease. But they were mistaken, not so: our province has the highest per capita rates in the country!

Vaccinations aren't at fault, and in particular, infant measles vaccination has proven effective and safe. Trouble is, we've not been getting enough children vaccinated. Too many of the public – in this case, parents – have turned away from vaccinations for a variety of reasons. Hence we've got a plethora of new terms: vaccine avoidant, vaccine averse, vaccine resistant, etc.

The idea of a link between the MMR vaccine and autism came to prominence in a paper published by Andrew Wakefield and others in *The Lancet* in 1998. Wakefield's fraudulent claim was that he had found evidence of measles virus RNA in the intestines of autistic children. The claims were thoroughly and exhaustively debunked over a number of years. Wakefield lost his licence, and his paper was retracted in 2010.

The transgressions, however, lit fires of suspicion among swathes of a misinformed public that should have known better. Worse, concerns regarding bogeymen in vaccine-land have persisted, adding to our peculiar every-man-for-himself behaviour that disregards others while embracing bizarre conspiracy theories that would once have never seen the light of day.

We've collectively helped this along with our distrust of strangers – especially experts – and our penchant for stories spun out to the far corners of existence in an unregulated digital world. It's all come together. Voila! Everything needed to spawn a perfect storm of nihilism and nonsense.

Our politicians have not gone unscathed in this imbroglio and have too often turned to stoking fear and anger when it will serve their electoral purposes.

We now fear the whole scale return of vaccine-preventable illnesses that we once thought we'd vanquished. Consider our recent COVID-19 experience. What should have been a manageable skirmish has become an existential and unending threat to the hard-earned truths of public health: that transmissible disease, by its very nature, requires us to consider who we touch, breathe upon or mingle with, and it does not yield to our perception of rights and privileges, worthiness or status.

As our pandemic has settled – somewhat – there's been no rigorous assessment of what went right and what didn't. As well, there's little to no discussion of what next contagion may appear, but we can expect to be as splintered and as obtuse as ever when the inevitable son-of-COVID comes along.

No matter how much we'd like to put our past behind us, two of our old buddies are still with us: both COVID and the seasonal flu remain significant causes of hospitalization and death.

We've even gotten used to the fact that the ever-mutating coronavirus will require update vaccinations on an ongoing basis. The surprise on this front is that henceforth most of us will have to pony up dollars for our vaccinations: \$100 per shot is the rumour, starting this fall. To add to the general disagreeableness of it all, we're going to have to register for our shots and wait for relevant info before we trot along to a public health outlet. Contrast this with the past convenience of getting free shots at one's local pharmacy, and we say goodbye to the tenets of public health: availability, accessibility, affordability.

In business school years ago, a professor of mine addressed the same thing from a different tack. "Good managers do things right. Good leaders do the right thing." Our political masters have struck out, however you consider it.

Flu shots are still evidently free, but they're not mentioned much. I recall that when they became available last year, again certain provincial luminaries deferred when they were asked by reporters whether they were going to get flu shots themselves. They somewhat surprisingly demurred, mumbling something unconvincing about feeling their immunity was pretty good and hence, no need.

It's hard to have it both ways. Either an individual's immunity is good, preventing the illness because of vaccination or possibly herd immunity, and thanks to modern science. Or it isn't ... and therein lies the reason for vaccination. Wait a moment, though; wasn't that the impetus for vaccination in the first instance?

Even the staunchest politicians might balk at reasoning their immunity was likely excellent (and recall, hope is a therapy of last resort!) if the story was a little grimmer, say involving a bite from a rabid bat. I see the present diffidence regarding vaccinations in general as a ploy verging on the edge of subterfuge and falsehood, an attempt to initiate change without regard to truth, without debate and without real regard for the welfare of others, particularly the most vulnerable.

It's disingenuous in the extreme to disregard our diverse but consistent ethical and religious backgrounds that require more rather than less from us: less talk of our rights and bruised sensibilities, more shouldering of our responsibilities. We are indeed our brothers' and sisters' keepers.

Perhaps we could agree that an update on the history of vaccination or of vaccination immunology might be a help for students of all ages. It could be an exciting read, especially if it included the shenanigans of citizens and politicians most everywhere, foregoing basic public health prudence to party, travel, vacation and then become indignant or remorseful at eventual discovery. Equally our accounts could be exciting – like the willy-nilly epiphanies that gave us Ivermectin or intravenous sanitizers. Perhaps we'd figure out just what it was, collectively, that we were trying to do.

As George Santayana famously said, "Those who cannot remember the past are condemned to repeat it."

I'm all for a record of where we've been.

I see it as compelling.

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### **Editor's note**

The views, perspectives and opinions in this article are solely the author's and do not necessarily represent those of the AMA.

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