Vaccination Debate

Literature Review

Annaliese LaGiusa

Lakeview College of Nursing

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Vaccinating your children has become a massive debate across the globe. Every year fewer parents are choosing not to vaccinate their children. In 2019 alone, there have been 1,000 reported cases of measles (Making the Vaccination Decision: Addressing Common Concerns, 2019). “This is the greatest number of cases reported in the U.S. since 1992 and since measles was declared eliminated in 2000” (Making the Vaccination Decision: Addressing Common Concerns, 2019). There are many reasons why parents are choosing against vaccinating their children, such as religious reasons, and personal beliefs. Concerns involving safety, and the desire to have more information from a healthcare provider before going through with the process. While some of these reasons are valid excuses not to vaccinate your child, it is essential as a health care provider to provide as much proper education regarding vaccines. Patient education can assist in providing parents with the correct information needed to understand the process. Important information regarding vaccines can be easily outlined in a document called the Vaccine Information Sheet (VIS) and can provide families as well as all healthcare workers with current information regarding the vaccines in question (Instructions for Using Viss, 2019). Use of simple education tools such as the VIS sheets can assist in educating individuals and inspiring them to do their own research. The end goal of providing this education is to bring these recent outbreak statistics back down.

Child vaccination: ‘A slow erosion’?

This article goes into the controversy surrounding the anti-vaccination campaign specifically regarding why parents may be choosing not to vaccinate their children. In 2016 England experienced another drop in parents vaccinating their children, a trend that had been seen for a few years previously (Child vaccination: “A slow erosion”?, 2016). The question is, why are parents refusing to vaccinate their children from potentially deadly diseases that were

once eradicated? One concern this article points out is that parents are concerned with the number of vaccines that the CDC is now recommending (Child vaccination: “A slow erosion”?, 2016). Parents may believe this amount of vaccines is too many to give to small children. The concern is that their immune systems cannot handle that many vaccines in a short amount of time (Child vaccination: “A slow erosion”?, 2016). The list of recommended vaccines continues to grow with the addition of the rotavirus vaccine, the influenza vaccine, and the meningococcal B vaccine. Currently there are 15 recommended vaccines for children from birth to 18 years of age (Immunization Schedule, 2019). The addition of these vaccines is because we are just now starting to see more incidence of these illnesses becoming deadly, especially in children (Child vaccination: “A slow erosion”?, 2016). Unfortunately, the death of small children due to diseases they could have been vaccinated for might become a wake-up call that some parents need to experience. One way we can assist in helping parents understand the importance of vaccines is through patient education (Child vaccination: “A slow erosion”?, 2016). It is easy for health care workers to feel busy and overwhelmed during a typical workday. One thing it is even more critical to understand is knowing when to take the time with a family to provide them the proper education. Proper education will allow them to make an informed decision for their family (Child vaccination: “A slow erosion”?, 2016).

Key Points

A topic this article discusses in depth includes the statistics from 2016 regarding unvaccinated children. The percentages are gradually getting lower across the country, and this can cause a possible outbreak. The author discusses how “herd immunity” works; this type of immunity is possible if at least 95% of the population remains vaccinated (Child vaccination: “A slow erosion”?, 2016). Because of the 95% vaccinated, the disease has a less probability of

continuously spreading and therefore the 5% who are unvaccinated have a lower chance of contracting the disease. This is particularly important for that 5% which may include children with a weakened immune system who are unable to be vaccinated, or children who are unvaccinated due to religious reasons. One reason the article discusses may be a cause to this drop in percentages is because of a “slow erosion” involving parents providing more information against vaccines than for information pro vaccines (Child vaccination: “A slow erosion”?, 2016). If the only available information individuals can obtain discusses anti-vaccination ideals, the individual will be inclined to believe this information. For this reason, it is essential as a whole that health care systems need to focus more closely on individual patient care. Making sure that families understand the importance of vaccines, as well as the process of receiving them, is crucial to the pro-vaccination campaign.

Assumptions

This article assumes that most people are anti-vaccine because they were not given the proper education regarding the pros of vaccinating their children (Child vaccination: “A slow erosion”?, 2016). Members of health care were unsuccessful in providing their patients and their families with adequate information to make an informed decision. There is a significant reason these vaccine schedules have been put in place, and the main reason is that they save lives. If not for these vaccines mass populations of people would die from these diseases. Fortunately, because many of these diseases have been eradicated, we don't see these diseases in our everyday life. The eradication of these diseases misleads people into thinking that we no longer have to worry about them. However, this couldn’t be further from the truth. The reason we no longer commonly see deaths from these diseases is that people started to vaccinate their children, and they were unable to contract the illness. These are the conversations health care professionals

need to be having with their patients to assist in the pro-vaccination campaign (Child vaccination: “A slow erosion”?, 2016).

Deficit/Conclusion

In conclusion, this article emphasizes the importance of vaccinating your children not only to save their lives but to assist in “herd immunity” and save the lives of those who cannot be treated (Child vaccination: “A slow erosion”?, 2016). It is clear that this “slow erosion” is having a more significant impact on the entirety of the human population (Child vaccination: “A slow erosion”?, 2016). It is imperative at this time to make sure that we are correctly informing and educating everyone about the importance of vaccinations and the threat that these diseases cause to unvaccinated children. Education needs to start with the providers of these patients and should be informative. It is vital to make the patients feel heard and let them voice their opinions (Child vaccination: “A slow erosion”?, 2016). If we can understand each other, then we will be one step closer to coming to a mutual agreement that is safer for everyone involved.

Vaccination persuasion online: a qualitative study of two provaccine and two vaccine-skeptical websites

The next article discussed covers the qualitative study of four different websites surrounding the vaccination debate. Two websites that are pro-vaccination were studied as well as two websites that are anti-vaccination (Grant et al., 2015). A main focus of this study is understanding the role media, including the use of internet, facebook, and other social platforms has played a role for each community (Grant et al., 2015). A main point made is the use of web 2.0 by the anti-vaccination community, which involves the use of virtual associations and allows users to interact with one another (Grant et al., 2015). By utilizing the web 2.0 in a debate such

as pro/anti vaccination it allows you to create communities of people who believe the same thing. Overall this article is researching whether or not web 2.0 is a legitimate way for users to acquire accurate information regarding high acuity topics such as vaccinating your children (Grant et al., 2015).

Key Points

A couple key points that need to be made to understand this article include the difference between web 1.0 and web 2.0. According to geeksforgeeks.org, web 1.0 was the initial stage of the world wide web that included content regarding specific topics (Web 1.0, Web 2.0 and Web 3.0 with their difference, 2018). Web 1.0 was a way for users to quickly access information regarding a topic they were unclear about. Web 2.0 became a more enhanced version of web 1.0 and allowed for user-generated content (Web 1.0, Web 2.0 and Web 3.0 with their difference, 2018). Due to users gaining the ability to post their own information, web 2.0 became a way for people with similar ideas on a topic to create communities. Unfortunately, due to the easier ability to post information it decreased the validity of information being added to the world wide web (Web 1.0, Web 2.0 and Web 3.0 with their difference, 2018). This construction of online communications allowed for anti-vaccination individuals to create huge online societies that have only grown larger. Most of the information these users are posting about is directly from personal stories they have experienced or have been told about regarding children having adverse reactions to being vaccinated (Grant et al., 2015). A downside to this is that other users are logging into these websites and reading stories about vaccines causing major issues in children. These stories have no scientific research or back up for users to look into. Many of these posts are causing skepticism due to having no scientific research to back up their claims as well as no

educational background by the user to understand the science of vaccines (Grant et al., 2015). Overall this article is determining the validity of websites especially web 2.0 websites who make claims for or against vaccinating children.

Assumptions

Overall the focus of this article and the way it is written is making the assumption that these web 2.0 websites may not be as valid as people are saying they are. Unfortunately, these websites are built by individuals with no scientific or educational background regarding vaccines. They are posting information regarding the cons of vaccines and their harmful nature for anyone in the world to read without any research based evidence to prove it (Grant et al., 2015). On the other hand the web 1.0 websites that are posting the scientific based evidence backing the validity of vaccinations are very minimal and to the point (Grant et al., 2015). If websites could be designed to be in between these two extremes this would help create a more valid yet emotional aspect to receiving the information.

Deficit/Conclusion

After reading through this article the conclusions that are being made involve finding a mutual middle ground for these two communities to work from. On one side you have large government funded websites that use straight up facts and evidence, but don't necessarily make their users feel welcomed or heard (Grant et al., 2015). On the other side you have the web 2.0 websites that are too emotional and are appealing to that aspect of the users, however they lack the scientific and evidence based research (Grant et al., 2015). For someone who is really confused on which side to lean on these two sides of the spectrum make it difficult to determine

what is best for themselves and their families. Anti-vaccination community members are urging for more recent research studies to be done to retest the validity of these vaccines (Grant et al., 2015). If this is what they need to see in order to see factual evidence based research maybe it's time that the government gives them this. Through this research actual information can be released to the general public that allows them to understand this topic on a more basic level. Overall, the government funded websites are more reliable and a better source for truthful information.

Parental Refusal of Childhood Vaccines and Medical Neglect Laws

The last article being discussed involves a debate over parents that choose not to vaccinate their children. This study researches why parents choose not to vaccinate their children and if the reasons were valid pertaining to the child's health (Parasidis & Opel, 2017). According to Child Welfare Information Gateway neglect of a child is defined as, "failure of a parent or other person with responsibility for the child to provide needed, food, clothing, shelter, medical care or supervision to the degree that the child's health, safety, and well-being are threatened with harm" (Definitions of Child Abuse and Neglect, 2019, p.2). This article studies whether or not choosing to not have your child vaccinated is cause for child neglect and requires further interventions from officials (Parasidis & Opel, 2017). The study focuses on nine specific cases across the United States that involve parents refusing to vaccinate their children. The study focuses on the reasons behind the refusal and whether or not they were valid reasons or if the parents were putting their child's life at risk.

Key Points

A major key point that needs to be made includes reasons why parents may choose not to

vaccinate their child legally. These reasons include religious beliefs and medical exemptions due to an allergy or immunosuppression where the child cannot handle the vaccine (Parasidis & Opel, 2017). Beyond these reasons this research is studying whether or not it is considered neglect to choose to not vaccinate your child (Parasidis & Opel, 2017). It is also important to note that nation wide the definition and laws regarding child neglect vary and are not all the same. Due to this variation in cases, outcomes can have a wide range. A key point this article goes over is whether or not it is appropriate to involve Child Protective Services (CPS) in cases where parents wrongfully decline vaccinating their child (Parasidis & Opel, 2017).

Assumptions

Throughout this article the assumption is made that not vaccinating your child for a legitimate medical reason or a very personal religious belief is considered neglecting your child (Parasidis & Opel, 2017). One case in particular they studied involved parents who chose not to vaccinate their child even during a very large measles outbreak (Parasidis & Opel, 2017). The debate is over whether or not they allowed their very young infant to be exposed to a potentially deadly disease that can lead to fatality (Parasidis & Opel, 2017). Overall not vaccinating your child for an unexcused reason can decrease the ‘herd immunity’ spoken above earlier. If more and more parents refuse to have their children vaccinated this can lead to children who cannot receive vaccines due to immunocompromised conditions to fall ill and potentially die (Parasidis & Opel, 2017). Is this then considered causing harm to other children? This article leads us to believe that as parents it is our duty to vaccinate our children to provide them with the best possible health care that we can (Parasidis & Opel, 2017).

Deficit/Conclusion

Out of the nine cases that this study researched it was determined that five of them had illegitimate excuses for not vaccinating their children (Parasidis & Opel, 2017). Due to this these families were charged with child neglect (Parasidis & Opel, 2017). The four remaining cases were from states that did not consider refusal of vaccinations as neglect and therefore were not charged (Parasidis & Opel, 2017). One of these four latter cases included the mother who chose not to vaccinate her child during a measles outbreak (Parasidis & Opel, 2017). The three remaining cases were determined to have legitimate religious excuses and therefore were exempt (Parasidis & Opel, 2017). The importance that this study is trying to imply is that if parents continue to choose not to vaccinate their children for illegitimate reasons our public health will become a huge concern (Parasidis & Opel, 2017). We will be putting infants lives at risk who are too young to receive certain immunizations. The lives of children who are born immunocompromised and will remain this way their entire lives are put at risk. And lastly the lives of people who are refusing to vaccinate due to personal religious beliefs lives are put at risk. The general population as a whole is immunized to not only save their own lives but to save the lives of those who cannot be vaccinated (Parasidis & Opel, 2017). Choosing not to vaccinate your children can not only put their lives in grave danger but the lives of thousands of others.

Conclusion

Overall this paper outlines the importance of vaccinating your children. There are reasons that these diseases have been eradicated in most countries across the world, and that is due to the successful use of vaccines. As discussed throughout this review there are valid reasons to choose not to vaccinate your child and that is ok. As a whole, however, the population should be better educated on the risk factors involved with choosing not to vaccinate your children. If a small percentage are not vaccinated this will not affect the larger population. When the percentages of

unvaccinated children starts to rise significantly is when we start to have public health problems. According to Zimlich, the number of children that are not being vaccinated has quadrupled in recent years (Zimlich, 2018). These numbers are only increasing as well. It is extremely important to note that to this day nearly three million people are still dying from preventable diseases each year, and about half of those being children 1.5 and younger (Offit, 2018). As healthcare providers it is our duty to educate ourselves on all topics regarding immunizations. Being able to properly inform our patients as to why these are crucial to their children's lives can mean the difference between life and death.

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