

# Vaccines: a life-saving choice

Expert Statement: Royal Irish Academy  
Life & Medical Sciences Committee, April 2019



Authors: Kingston Mills MRIA and Dick Ahlstrom

## Key Points

- Vaccination has saved more lives than any other medical intervention.
- Vaccines prevent infectious diseases that cause serious illnesses and deaths, especially in infants and the elderly.
- Vaccines can also prevent virus-induced cancer, such as cervical cancer, caused by human papilloma virus (HPV).
- Vaccines are generally safe and the clinical benefits outweigh the risks.
- Vaccines are most effective in controlling the spread of infection in the community when the uptake of the vaccine is high in the whole population.
- Adverse publicity and unsubstantiated claims around vaccine side effects perpetuated by anti-vaccine movements have resulted in a decline in uptake of certain vaccines in Ireland.
- A failure to vaccinate can put the health and lives of individuals at risk and can result in a resurgence of vaccine-preventable diseases in the community, as seen with recent outbreaks of measles in Ireland and other countries.

# Executive Summary

Vaccination provides long-term protection against infectious diseases. It has prevented hundreds of millions of deaths from infectious diseases around the world, protecting against smallpox, polio, diphtheria and a wide range of childhood illnesses such as measles, mumps and whooping cough.

First introduced more than 200 years ago, **vaccines are among the safest medical interventions available and save more lives every year than antibiotics or surgery<sup>1</sup>**. We now have vaccines that can prevent certain cancers, and more are being developed all the time. Yet the powerful protection that vaccination can offer is now in danger. It is slowly being undermined by the incorrect view that vaccination is not safe.

Some parents are withholding or delaying vaccination, a decision usually influenced by wrong information leading to the misplaced view that vaccination can be harmful. This misguided view is being driven at least in part by parents picking up faulty “facts” from social media and accepting claims made by anti-vaccine lobby groups that are not backed up by scientific evidence. Some are still listening to false claims made by commentators on social media that the measles, mumps and rubella (MMR) vaccine can cause autism. This allegation was first made by a medical researcher over 20 years ago<sup>2</sup>, but later found to be completely wrong<sup>3</sup> and based on falsified medical data. This researcher was later stripped of his medical registration. False claims have been made on social media platforms that vaccination can trigger other conditions such as asthma or diabetes; this is not true. Unfortunately, some individuals accept medical information from unqualified, untrained commentators rather than from their family doctor.

**Failing to vaccinate puts a child at risk of contracting measles, whooping cough and other childhood illnesses and by carrying the infection and passing it on it puts the health of others at risk.** These diseases can be very serious and even fatal in infants and young children if they are not protected by vaccination. The decision not to vaccinate also poses a threat to the general community. If many people are vaccinated, then there are fewer people left in the community who can spread the infection to others<sup>4</sup>. If vaccination rates fall, however, it is much easier for measles or mumps to spread. Low vaccination rates today have triggered several measles outbreaks in Ireland and other countries. These outbreaks can be prevented if the great majority of people are vaccinated.

Few young parents in Ireland today have ever feared infection by smallpox, polio or diphtheria, once common illnesses that caused many deaths. These diseases have been eliminated or are now held in check due to vaccination. But as the recent measles outbreaks have shown, these common but serious diseases will come back if we do not vaccinate. This is what makes it so remarkable that some parents are withholding vaccination from their children despite the potential dangers of infection.

All medical procedures carry some level of risk and childhood injections are no exception. However, before routine use in humans, all vaccines must be shown to be safe and effective in a high proportion of vaccinated individuals in clinical trials. There is stringent safety testing and constant monitoring by Irish and international agencies, including Ireland's Health Products Regulatory Authority (HPRA), the European Medicines Agency (EMA), the US Food and Drug Administration (FDA) and the World Health Organisation (WHO). **The risk posed by not vaccinating is far greater than any risk associated with receiving a vaccine.** The health benefits of vaccination are evident from the dramatic reduction in the incidence of many infectious diseases in the pre-vaccine era compared with today (Table 1) <sup>5,6</sup>.

A new generation of vaccines has also emerged that can help prevent future cancers. The HPV (human papilloma virus) vaccine targets the virus that in later life can trigger cervical cancer. Some parents refused this vaccination for their young daughters because of unfounded concerns about safety, despite the facts that the vaccine has been shown to have no long-term side effects and reduces the risk of developing cervical precancers by 90%<sup>7</sup>. High vaccine uptake is needed to reduce HPV infection and new cases of cervical cancer.

This expert statement from the Royal Irish Academy is published to coincide with World Immunization Week. The statement seeks to provide clear and useful information about vaccination and the health benefits it provides.

## History of vaccine development

Vaccination ranks as the most successful medical treatment yet introduced for the prevention of common human diseases<sup>1</sup>. Widespread vaccination made it possible to eradicate smallpox completely and eliminated polio from most countries in the world<sup>8</sup>, two major killers now happily a thing of the past in Ireland. The latest advances in molecular biology, microbiology and immunology are being used to develop new infectious disease vaccines all the time and now vaccines that prevent cancers are coming on stream. The first vaccine developed to prevent widespread deaths from smallpox emerged just over 200 years ago thanks to an observation made by English physician and scientist Edward Jenner. He noticed that milk maids tended not to develop smallpox during outbreaks. He realised that those who had developed a minor infection from cowpox, a similar disease in cattle, somehow escaped smallpox infection. He saw that infection by cowpox blocked the much more serious smallpox infection, and although the mechanism – immune system memory – may not have been understood this did not stop Jenner from developing the first true vaccine in 1798.

Once the vaccine was shown to work it went into widespread use and sharply reduced the smallpox death rate from a peak of one in five who contracted the disease. Clinics sprang up and people agreed to be inoculated in high numbers, and the method spread out around the world. There were doubters - just as there are today - who in the later 1800s rioted against compulsory vaccination, claiming it did not protect against smallpox but the success of inoculation could not be denied. Smallpox vaccine was the tool that eliminated smallpox disease, which had raged and ravaged the world for centuries. By systematically vaccinating all the people in contact or nearby to each person with smallpox, we humans together in an

enormous effort led by the WHO, have made a disease extinct<sup>1</sup>. There has not been a single known person with smallpox disease since one case in Somalia in 1977<sup>9</sup> and a laboratory-associated case in Birmingham in 1978<sup>10</sup>.

### What are vaccines?

Vaccines are weakened or killed bacteria or viruses, or a purified component from a pathogen which, when administered to a person, stimulates immune responses against the pathogen but are incapable of causing disease.

**How vaccines are made:** Traditionally vaccines were made from killed or weakened versions of microbes. For example, the current poliovirus vaccine is made from inactivated whole poliovirus, whereas the MMR vaccine is made from attenuated or weakened versions of live measles, mumps and rubella viruses. Vaccines can also be made from components of microbes, called antigens, the parts of the microbe to which our immune system responds. These vaccines are more refined and tend to have fewer side effects, but need to be administered with other components, called adjuvants, which help to boost the immune response to the antigen. Examples include the vaccines against diphtheria, tetanus, whooping cough and meningitis.

**Pathogens:** Disease-causing bacteria, viruses, fungi or parasites.

**Microbes:** Microorganisms which often exist as single cells, although they can be multicellular, and include bacteria, viruses, fungi and parasites.

A number of vaccines for diseases in domestic animals were developed over the next few decades and there were efforts to develop human vaccines. This was successfully done in 1885 when Louis Pasteur and Émile Roux developed the first vaccine against rabies<sup>11</sup>. The development of new vaccines raced ahead with vaccines for two major killers typhoid and cholera introduced in the 1890s. Many more vaccines emerged during the 1900s against TB, yellow fever, whooping cough, diphtheria, tetanus and polio amongst others. Vaccines will remain an important weapon in the battle against human disease and as medicine progresses safer, more potent vaccines will emerge. We will need them in the coming era when antibiotic resistance may place even greater demands on our armoury of treatment options.

## Vaccines – the success story of modern medicine

Prior to the development and introduction of the vaccines we have in use today, infectious diseases, such as polio, diphtheria and whooping cough, were commonplace and resulted in severe morbidity in millions of infected individuals and loss of countless lives worldwide (Table 1). The successful introduction of the smallpox vaccine, which has resulted in the elimination of the smallpox virus from the globe, paved the way for development of a range of vaccines that save millions of lives and prevent hospitalisation of infants, children and adults suffering from debilitating infectious diseases.

**Polio vaccine:** Poliomyelitis or polio is caused by the poliovirus that invades the gastro-intestinal tract and can spread to the central nervous system causing paralysis. In the 1950s, between 100 and 500 people developed polio in Ireland each year. The polio vaccine was introduced in 1957 and the last recorded case of

polio in Ireland was in 1984<sup>12</sup>. Thanks to vaccination poliovirus will probably be the next pathogen to be eliminated from the globe.

### How do vaccines work?

**Vaccines harness the Immune System:** The success of vaccination is based on the power of our immune system. This includes a number of highly specialised cell types, each with a different job to do. They come into play as required when we are infected by a bacterium or virus and move quickly to eliminate the invaders within days. Most importantly, the immune system responds to and “remembers” the invader and will attack immediately if it returns. Vaccines trigger immune system memory without the person having to contract the illness. The vaccine primes the immune system and it is then ready to come into play to resist the polio, measles or mumps virus if a person is exposed.

**Herd Immunity:** The immunisation rate with a vaccine (vaccine uptake) must reach a certain threshold, usually greater than 80-95% of the target population (the herd), for the vaccine to be effective in the whole population. Herd immunity can provide protection for people who have not themselves developed immunity by eliminating the spread of the microbe within the herd. Herd immunity is particularly important in protecting the most vulnerable, especially infants who are too young to have been vaccinated, but also immunosuppressed individuals, who cannot be vaccinated. However, if immunisation rates fall below a critical threshold, the whole population, especially the most vulnerable, are put at risk.

**MMR vaccine:** The MMR vaccine, introduced in Ireland in 1988, is a highly effective combination vaccine against 3 different viruses, measles, mumps and rubella. It has dramatically reduced the incidence of these diseases. There were more than 6,000 cases of measles annually in Ireland in the 1950s and this had fallen to 2 cases in 2015<sup>13</sup>. However, 81 cases of measles were reported in Ireland in 2018 and around 70% of these were in individuals who had not been vaccinated. Poor MMR vaccine uptake, largely due to adverse publicity from anti-vaccine lobby groups via social media, is resulting in a resurgence of measles and mumps and this is a major cause for concern in Ireland and other countries. Following a recent outbreak of measles, a New York county banned unvaccinated children from attending schools and visiting public spaces for a month. Highlighting the urgency of this, the WHO revealed that in 2018 more than 80,000 people in 47 European countries contracted measles, leading to 72 deaths.

**Vaccines against meningitis:** Bacterial meningitis is a very serious disease, without treatment virtually everybody who contracts it dies, and even with the best treatment about one in ten who get it may die, while another one in ten will be left with brain damage. It is

caused by bacteria that invade the blood stream and can then enter the spinal cord and brain. The bacteria cause inflammation in the protective lining (meninges) of the central nervous tissue, which can be fatal. Thirty years ago, hundreds of children in Ireland contracted bacterial meningitis. In 2000, before the vaccines were used in Ireland, there were 590 cases of bacterial meningitis leading to 30 deaths<sup>14</sup>. By 2016 there were only 145 cases causing 8 deaths because the vaccines prevented most of them.

**Vaccines against cervical and liver cancer:** Cancer is a devastating condition and kills over 9000 people annually in Ireland<sup>15</sup>. Treating cancer is difficult; chemotherapy, radiation and surgery cause many unpleasant side effects and are not always effective. Cancer prevention is preferable to treatment and this is now becoming possible through vaccination. Two vaccines that prevent cancers caused by viruses are now licensed in Ireland, a vaccine against the human papilloma virus (HPV), which prevents cervical cancer in woman, and

the hepatitis B virus vaccine, which prevents liver cancer. Virtually all cases of cervical cancer are caused by HPV. There are 300 new cervical cancer cases in Ireland each year and despite medical and surgical treatment, around 90 of these will die from the cancer<sup>16</sup>. Most HPV-associated cancers and deaths are preventable by immunisation of pre-teenagers with the HPV vaccine, which is 95% effective against the strains of HPV in the vaccine<sup>7</sup>. In Ireland, the HPV vaccine has been offered to all girls in first year in second level schools since 2010 and from September 2019 will also be offered to boys to prevent head and neck, penile and anal cancers in their later years. We have seen in the media how young women with cervical cancer are speaking out for more vaccination to prevent it, and better screening programmes to detect it earlier.

## Vaccines – benefit versus risk

Vaccines have made a greater contribution to human health than any other medical intervention<sup>1,8,11</sup>. Not only have they saved countless lives, but since vaccines are inexpensive compared with the cost of hospitalisation for life-threatening diseases, they save healthcare systems billions of euro annually. Like all medicines, vaccines can have side effects, but any risk must be assessed against the benefits of preventing debilitating and potentially life-threatening infectious diseases, and this assessment is based on sound scientific evidence carefully evaluated by regulatory agencies, including the FDA, EMA and HPRA.

How do we know if a new vaccine is safe? This is a very important question for every new medicine, including vaccines. For a new human vaccine to be licensed for use in humans, the manufacturer must describe in detail the product, and exactly how it has been created from well-characterised ingredients. Human vaccines undergo stringent testing for efficacy and safety in clinical trials, the results of which are assessed by the FDA, EMA, and the HPRA in Ireland. These agencies review all results in detail and give permission for, or prevent, manufacture and sale of the vaccine. The primary objective of these agencies is to protect us, the public, from medicines that are dangerous or do not work effectively. Information about each medicine licensed in Ireland can be found at [www.hpra.ie](http://www.hpra.ie). Most side effects to vaccines are rare and minor, the most common of which are injection site reactions (redness, swelling, pain). However, a very small proportion of vaccines have been associated with more severe side effects. For example, a vaccine against whooping cough, the whole cell pertussis vaccine, was associated with fevers and rare cases of febrile convulsions. This vaccine, first developed in the 1940s, was based on inactivated whole bacteria, but it was replaced in Ireland<sup>17</sup> and other developed countries in the 1990s with a more refined pertussis vaccine based on purified components of the bacteria that eliminated these side effects.

Immunisation with a flu vaccine against a swine influenza virus was associated with a higher incidence of narcolepsy in immunized children/adolescents compared with the general population in Ireland<sup>18</sup> and other European countries during 2009 and 2010. This vaccine was designed to protect against a possible pandemic from a swine influenza virus that caused serious complications and deaths in previously healthy people. This vaccine was discontinued in 2010.

More often than not vaccine side effects rather than benefits make the news headlines, and these have been exploited by the anti-vaccine lobby groups to spread negative sentiments around vaccines in general. In 1998 Dr Andrew Wakefield at the Royal Free Hospital in London claimed a link between the MMR vaccine and autism<sup>2</sup>. The results were later found to be false and Wakefield was struck off by the UK General Medical Council for serious professional misconduct. Multiple follow up studies including a recent very large study in Denmark concluded that there was no link between the MMR vaccine and autism<sup>19</sup>. However, unfortunately the MMR controversy did significant damage in terms of public confidence in vaccines.

The enormous value of the HPV vaccine as an effective means to prevent cervical cancer has been detailed above. The vaccine has also been the subject of unsubstantiated claims by the anti-vaccine movement that it can cause Chronic Fatigue Syndrome. However, there is no scientific or medical evidence to back up this assertion. If an individual develops some medical syndrome after vaccination, this may be a coincidental phenomenon that can also occur in people who have not been vaccinated. Proof of a causal relationship requires a comparison of the risks of developing the syndrome in the vaccinated versus unvaccinated populations.

Cervical cancer kills around 90 women in Ireland each year, a disease that is preventable by the highly effective HPV vaccine. However, like other vaccines against infections, it is only effective in the community as a whole if a significant proportion (>80-95%) of the target population is vaccinated. In Ireland, the uptake of the HPV vaccine dropped to around 50% in 2017 largely because of negative publicity, perpetuated by the anti-vaccine movement. Following a number of campaigns by vaccinated girls and women with cervical cancer providing clear consistent facts about the vaccine supported by health professions, the vaccine uptake has now increased to 70%. A recent study in *Lancet Oncology* has suggested that in the absence of further intervention there will be 44 million new cases of cervical cancer worldwide in the next 50 years<sup>20</sup>. Global HPV vaccination and cervical screening could avert up to 12 million of these cases and could eventually eliminate all cases of HPV-induced cervical cancer.

## The future of vaccination: examples of vaccines in development

- A vaccine against *Staphylococcus aureus*, which is responsible for MRSA, a form of this bacteria that is resistant to many common antibiotics.
- A universal flu vaccine that will prevent infection with all strains of influenza virus, obviating the need for the annual flu vaccination.
- A more effective vaccine against tuberculosis (TB) that will treat or prevent TB in adults and children and tackle the problem of multidrug-resistant TB.
- A vaccine that will prevent infection with different strains of HIV that will tackle the AIDS pandemic and dispense with the need for expensive anti-viral drugs.
- Vaccines that will prevent or eliminate cancers by harnessing the immune system to directly kill tumour cells.

- Unconventional vaccines designed to exploit immune system control of diseases such as diabetes, multiple sclerosis, rheumatoid arthritis or Alzheimer's disease

Vaccines will continue to prevent millions of deaths from infectious diseases each year, and with the aid of research discoveries on disease mechanisms, have the capacity to tackle an even wider range of human diseases in the future.

**Table I. The health benefits of vaccination**

Disease	20 <sup>th</sup> Century annual number of cases <sup>5</sup>	2017 reported cases*	% Decrease
<b>Smallpox</b>	29,005	0	100%
<b>Polio (paralytic)</b>	1,316	0	100%
<b>Diphtheria</b>	21,053	0	100%
<b>Haemophilus influenzae</b>	20,000	33	>99%
<b>Measles</b>	530,217	120	>99%
<b>Rubella</b>	47,745	7	>99%
<b>Mumps</b>	162,344	6,109	96%
<b>Tetanus</b>	580	33	94%
<b>Pertussis (whooping cough)</b>	200,752	18,975	91%

\* Data for cases in the US from the Centre for Disease Control, Atlanta<sup>6</sup>; Vaccination has had a similar impact on the incidence of infectious diseases in Ireland.



**Figure 1. Vaccine-preventable infectious diseases.** From left to right: Smallpox, meningococcal gangrene, whooping cough, measles and mumps. Images from the Centre for Disease Control, Atlanta.



**Figure 2. Vaccination:** A small pain for a greater gain.

## About the Royal Irish Academy

The Academy promotes and supports excellence in scholarship across the sciences, humanities and social sciences. It is an independent, self-governing body of Ireland's most distinguished and internationally renowned scholars and scientists. The Academy encourages and facilitates scholarly informed debate and discussion on issues of public interest in line with its members' expertise.

For more information on this expert statement please contact the Royal Irish Academy, [info@ria.ie](mailto:info@ria.ie)

## References

1. World Health Organization., State of the world's vaccines and immunization, third edition. [https://apps.who.int/iris/bitstream/handle/10665/44169/9789241563864\\_eng.pdf;jsessionid=0F290916CAE3EFA01632D566D02EBEB5?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44169/9789241563864_eng.pdf;jsessionid=0F290916CAE3EFA01632D566D02EBEB5?sequence=1) (2009).
2. Wakefield, A.J., et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet* **351**, 637-641 (1998).
3. Taylor, B., et al. Autism and measles, mumps, and rubella vaccine: no epidemiological evidence for a causal association. *Lancet* **353**, 2026-2029 (1999).
4. John, T.J. & Samuel, R. Herd immunity and herd effect: new insights and definitions. *Eur J Epidemiol* **16**, 601-606 (2000).
5. Roush, S.W. & Murphy, T.V. Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. *Jama* **298**, 2155-2163 (2007).
6. CDC. Morbidity and Mortality Weekly Report. *MMWR* **65**, 924-9421 (2017).
7. Barr, E. & Tamms, G. Quadrivalent human papillomavirus vaccine. *Clin Infect Dis* **45**, 609-607 (2007).
8. Andre, F.E. Vaccinology: past achievements, present roadblocks and future promises. *Vaccine* **21**, 593-595 (2003).
9. Deria, A. The Emergency campaign for smallpox eradication from Somalia (1977-1979)--revisited. *Vaccine* **30**, 18 (2011).
10. Hawkes, N. Smallpox death in Britain challenges presumption of laboratory safety. *Science* **203**, 855-856 (1979).
11. Greenwood, B. The contribution of vaccination to global health: past, present and future. *Philos Trans R Soc Lond B Biol Sci* **369**(2014).
12. Health Protection Surveillance Centre, HSE. <http://www.hpsc.ie/a-z/vaccinepreventable/polio/> (2018).
13. Health Protection Surveillance Centre, HSE. <https://www.hpsc.ie/a-z/vaccinepreventable/measles/> (2018).
14. Health Protection Surveillance Centre, HSE. <https://www.hpsc.ie/a-z/vaccinepreventable/bacterialmeningitis/factsheets/> (2018).
15. Irish Cancer Society. Cancer Statistics. <https://www.cancer.ie/about-us/media-centre/cancer-statistics#sthash.xoKITb79.cWBmvMJI.dpbs> (2019).
16. HSE. HPV and Cervical Cancer. <https://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/hpv/hpv-cervical-cancer/> (2018).
17. HSE. Immunization Guidelines. Pertussis. Chapter 15 (2016). <https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter15.pdf>
18. O'Flanagan, D., et al. Investigation of an association between onset of narcolepsy and vaccination with pandemic influenza vaccine, Ireland April 2009-December 2010. *Euro Surveill* **19**, 15-25 (2014).
19. Hviid, A., Hansen, J.V., Frisch, M. & Melbye, M. Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study. *Ann Intern Med* **5**, M18-2101 (2019).
20. Simms, K.T., et al. Impact of scaled up human papillomavirus vaccination and cervical screening and the potential for global elimination of cervical cancer in 181 countries, 2020-99: a modelling study. *Lancet Oncol* **20**, 394-407 (2019).