

Resolution on Vaccine Hesitancy

In a resolution (Tuesday March 20th) MEPs stated their concern that current evidence shows gaps in vaccine coverage and hesitancy among the public to be vaccinated against vaccine preventable diseases. They are worried this will result in the public not being adequately protected. They also noted that the consequences of vaccine hesitancy has already resulted in measles outbreaks in European countries. That assumption fails however, to recognise standard epidemiological facts.

Measles has natural cycles, independent of the percentage of population vaccinated. Measles outbreaks are driven by well-recognised epidemiological observations: measles will remain endemic in large populations. That is why it is recognised that measles outbreaks occur both with high vaccine coverage and low vaccine coverage.

MEPs point out that vaccines are rigorously tested through multiple stages of trials and regularly reassessed. They also welcome the forthcoming launch of a Joint Action, co-funded by the EU Health Programme, aimed at increasing the number of people who have been vaccinated.

An absence of discussion on [manufacturer fraud is however worrying](#).

Merck, the pharmaceutical giant, is facing a slew of controversies over its Measles-Mumps-Rubella (MMR) vaccine following numerous allegations of wrongdoing from different parties in the medical field, including two former Merck scientists-turned-whistleblowers...

The first court case, United States v. Merck & Co., stems from claims by two former Merck scientists that Merck "fraudulently misled the government and omitted, concealed, and adulterated material information regarding the efficacy of its mumps vaccine in violation of the FCA [False Claims Act]."

The major vaccine manufacturers, regardless of product, have all been fined for fraud. Here are just some examples between 2008 and 2012.

Glaxo SmithKline that produces multiple iterations of DTaP, Hepatitis, HPV and Rotavirus vaccines was fined 750 million USD for sales of bad products and 3 billion USD for paying doctors and manipulating medical research to promote a drug.

Merck that produces Hepatitis, HPV, MMR, Pneumococcal, Rotavirus and Varicella vaccines was fined 650 million USD for kickbacks to overbilling of medical providers to induce them into prescribing their products. 950 million USD for inaccurate and misleading statements regarding safety to increase sales of their product Vioxx.

Pfizer that produces Prevnar 13 vaccine was fined 2.3 billion USD for deliberately misbranding a product and 14.5 million USD for illegally marketing practices.

Restoring confidence in evaluation through more transparency

MEPs stress that increased transparency in evaluating vaccines and their adjuvants, in the funding of independent research programmes and the possible side effects of vaccines would contribute to restoring confidence in vaccination. They point out that researchers must declare any conflict of interest. Those subject to a conflict of interest should be excluded from evaluation panels.

The confidentiality of deliberations of the European Medicines Agency's (EMA) evaluation panel should also be lifted, and scientific and clinical data be made public.

They also propose opening a factual and science-based dialogue with civil society in order to combat unreliable, misleading and unscientific information on vaccination. **Unfortunately, [bias in scientific research](#), estimated at 90%, was not acknowledged.** This can also involve withholding negative results.

Professor Gøtzsche writing in the British Medical Journal

Allowing researchers access to unpublished trial reports submitted to drug regulatory agencies is important for public health. Such reports are very detailed and provide more reliable data than published papers, but it has been virtually impossible to get access to them. We eventually succeeded in getting access to reports held by the European Medicines Agency (EMA) after three years of trying.

Professor Gøtzsche also notes examples of such selective reporting that have resulted in significant harm to patients including 50,000 premature deaths.

Cost cutting

The MEPs also recognised that the increase in cost for vaccine packages is unjustifiable: an increase by 68 times between 2001 and 2014. They support joint procurement and pooling of resources of member states to purchase vaccines. That has already been agreed.

Vote in full house

With 55 votes to one and three abstentions, the draft resolution was adopted. The resolution will be voted on in Strasbourg in the full house in April or May.

Background

MEPs note that vaccination against vaccine preventable diseases prevents approximately 2.5 million deaths globally and reduces associated costs of treating disease. They note that there were 215,000 cases of vaccine preventable diseases between 2008 and 2015. **But they failed to acknowledge that estimated deaths from vaccine preventable diseases have been shown to be grossly inaccurate.**

[For example, flu.](#)

Claims of 36,000 deaths annually from flu were countered by the National Vital Statistics systems, demonstrating just 500 per year. Even that 500 figure for the U.S. could be too high, according to analyses in authoritative journals such as the [American Journal of Public Health](#) and the British Medical Journal. Only about 15-20 percent of people who come down with flu-like symptoms have the influenza virus.

Antimicrobial resistance was also a concern noted by the MEPs and they highlighted the use of vaccines to help combat that problem. Incentives have been announced by the European Commission. to improve disease diagnostics and use alternatives to antibiotics alongside vaccines. That, unfortunately, **failed to take into consideration the increase in infection due to vaccination.**

Vaccine-induced strain replacement is well established and is implicated in an increase in [whooping cough](#) infection in those vaccinated compared with the unvaccinated. Pneumococcal vaccines select for [non-vaccine type strains](#), and replacement of vaccine type with non-vaccine type strains in the nasopharynx of vaccinated children has led to a completely changed spectrum of pneumococcal serotypes circulating in the community, which also affects invasive pneumococcal disease in non-vaccinated adults.

Researchers have demonstrated that [vaccination creates changes in genotypes](#) that lead to an increase in transmissibility and virulence of non-vaccine strains.

Also, not discussed is the rise in autoimmune disease estimated to reach [100 billion dollars](#) in the US and approximately 160 billion dollars in the EU. There is **increasing evidence that vaccines cause autoimmune disease** as highlighted in the [final report of the IV Parliamentary Commission of Inquiry “Depleted Uranium”](#) and originally proposed in 2010 by [Shoenfeld and Agmon-Levin](#).

The European Commission is set to address the area of vaccine preventable disease and call for strengthened cooperation in the second quarter of 2018, where it will present its initiatives to achieve that. [Heidi Larson et. al 2016](#) of the Vaccine Confidence Project suggest in their 2016 study that the current vaccine hesitancy is due to how *vaccine importance, effectiveness and safety* are perceived. They note that the European region has the highest negative responses regarding those, globally.

Therefore, the EC and its health partners must fully action the reasons behind these negative responses (hesitancy) and set up independent research and open and transparent panels, not just note them.

Adapted and in response to [Health Committee MEPs warn against dropping vaccination rates](#).