

Journal of Infectious Diseases and Viruses Research

Mandatory Vaccination: An Informed Debate

Yongxin Zhang^{1, 2*}

¹Zyxell Inc.

*Corresponding author: Yongxin Zhang, Zyxell Inc. Carrollton, Texas 75007, USA. Email: zyx@zyxbiotech.com

Submitted: 16 November 2024 Accepted: 22 November 2024 Published: 27 November 2024

Citation: Zhang, Y. (2024). Mandatory Vaccination: An Informed Debate. J of Infec Dise and Vir Res, 3(6), 01-03.

Abstract

The debate over mandatory vaccination has gained renewed attention in the context of the COVID-19 pandemic, raising questions about the balance between individual freedom and public health. This article explores the circumstances under which mandatory vaccination may be justified, drawing on historical examples such as the eradication of smallpox and polio. Key factors in the decision-making process, including disease mortality, transmissibility, and vaccine effectiveness, are discussed. The article also examines the ethical implications, economic impact, and the importance of public trust in the implementation of mandatory vaccination policies. A systematic approach involving regression analysis, animal models, human epidemiological data, and historical evaluations is proposed to guide decisions about mandatory vaccination. By considering these multifaceted aspects, this article aims to provide a comprehensive framework for evaluating when and how mandatory vaccination should be enforced.

Keywords: Vaccine, Vaccination, Immunity, Infectious Diseases

Introduction

Vaccination has been one of the most effective public health measures in modern history, saving millions of lives by preventing infectious diseases [1]. However, the debate over mandatory vaccination has intensified, particularly in the context of COVID-19. This discussion revolves around the balance between individual freedom and public health, the ethical implications of enforcing medical interventions, and the effectiveness and safety of vaccines.

Situations Requiring Mandatory Vaccination

Mandatory vaccination is sometimes necessary, particularly in situations where the stakes are extraordinarily high. For example, consider a hypothetical disease with the following characteristics:

- Near 100% mortality rate: If infected, almost everyone
- High transmissibility (Basic Reproduction Number/ Rate [R0] > 10): Each infected person can spread the disease to more than ten others.
- Universal susceptibility: Almost the entire population is at risk.

• Effective vaccine available: A vaccine that significantly reduces mortality and severe disease rates.

In such a scenario, mandatory vaccination would be justified, provided the vaccine's side effects are minimal, rare, and manageable. Conversely, if a disease has a low mortality rate (<1 in a million), an R0 < 1, and the vaccine's side effects are comparable to or worse than the disease's impact, mandatory vaccination would not be appropriate. Most real-world cases, however, fall between these extremes, complicating the decision-making process.

Special attention must be given to certain occupations, particularly during pandemics. Clinical medical workers, such as physicians and nurses, are at high risk of contracting infectious diseases. If a significant number of medical staffs become infected, the healthcare system may collapse, leading to untreated patients and a potential social disaster. Infected medical staff could also spread the disease to their patients, particularly those with immunodeficiencies. Therefore, priority and mandatory vaccination for these groups are both a professional and social neces-

Page No: 01 www.mkscienceset.com J Infec Dise and Vir Res 2024

²ZYX Biotech Company, Carrollton, Texas 75007, USA

sity. Although vaccination cannot completely prevent infection, numerous studies have shown that vaccinated individuals shed significantly fewer pathogens and for a shorter duration, aiding in the control of disease spread [2-8]. As such, occupations involving close contact with customers should be considered for priority and mandatory vaccination to some extent.

Historical Examples Demonstrating the Need for Mandatory Vaccination

Over the past decades, many successful mandatory vaccination campaigns have significantly improved public health. Below are some notable examples

Smallpox Eradication

• Smallpox was a deadly disease that plagued humanity for centuries. In 1967, the World Health Organization (WHO) launched an intensified eradication campaign, with many countries implementing mandatory smallpox vaccination programs. For instance, in the United States, smallpox vaccination was required for school entry. The global vaccination effort led to the eradication of smallpox in 1980, demonstrating how mandatory vaccination can effectively eliminate a disease and save countless lives [9].

Polio Eradication Efforts

Polio, another crippling disease, has been targeted for eradication through widespread vaccination campaigns. In many countries, polio vaccination is mandatory for children. The Global Polio Eradication Initiative (GPEI) has played a crucial role in this effort. Since the launch of the GPEI in 1988, polio cases have decreased by over 99%. While the disease has not yet been fully eradicated, mandatory vaccination has brought the world closer to achieving this goal.

Critical Factors for Evaluating Mandatory Vaccination

To determine whether vaccination should be mandatory, several key factors must be carefully evaluated:

- **Mortality Rate:** The percentage of infected individuals who die from the disease.
- Rate of Severe Disease: The proportion of cases resulting in severe health outcomes.
- Basic Reproduction Number (R0): The average number of people one infected person will spread the disease to. This is influenced by many biological, sociobehavioral, and environmental factors [10].
- **Population Susceptibility:** The proportion of the population at risk of contracting the disease.
- Effectiveness of General Protection Measures: The success of non-pharmaceutical interventions (e.g., social distancing, masks) in controlling the spread.
- **Vaccine Effectiveness:** How well the vaccine prevents infection, reduces disease severity, and curbs transmission.
- Vaccine Side Effects: The frequency and severity of adverse reactions to the vaccine.
- **Socioeconomic Affordability:** The economic feasibility of producing, distributing, and administering the vaccine on a large scale [11].

Establishing a Decision-Making System

To make informed decisions about mandatory vaccination, a systematic approach is required. This involves:

- Regression Analysis: Developing statistical models to analyze the relationship between mandatory vaccination and the factors listed above. This can help predict outcomes and identify thresholds where mandatory vaccination becomes beneficial.
- Animal Models: Using models to simulate the spread of infectious diseases and the impact of vaccination. These models can provide valuable insights into the dynamics of disease transmission and control measures.
- **3. Human Epidemiological Data:** Using historical data to validate animal models and refine regression analyses, helping to understand the real-world applicability and limitations of theoretical models.
- **4. Historical Evaluation:** Assessing past instances of disease outbreaks and vaccination campaigns to gauge the accuracy and reliability of the proposed models and approaches. This retrospective analysis can inform future strategies and improve predictive capabilities.

Other Considerations

In addition to the key factors mentioned above, several other issues could affect the decision to mandate vaccination:

Ethical Considerations

Balancing Individual Rights and Public Safety

- Individual Autonomy: Respecting individual autonomy is a fundamental ethical principle. People have the right to make informed decisions about their health, including whether to receive a vaccine.
- Collective Responsibility: Infectious diseases pose a threat
 to public health. Mandatory vaccination can protect vulnerable populations, such as those who cannot be vaccinated
 for medical reasons and those with compromised immune
 systems.
- Ethical Justification: The ethical justification for mandatory vaccination often hinges on the concept of the greater good. When individual choices can lead to significant harm to others, public health authorities may have a moral obligation to enforce vaccination to prevent widespread illness and death.

Informed Consent and Transparency

- **Informed Consent:** Ensuring that individuals have access to accurate information about vaccines, including their benefits and risks, is crucial. This fosters trust and supports informed decision-making [12].
- **Transparency:** Transparent communication from public health authorities about vaccine development, safety monitoring, and adverse events builds public trust and supports ethical mandates for vaccination.

Economic Impact

Cost-Benefit Analysis

- **Healthcare Costs:** Preventing diseases through vaccination reduces the burden on healthcare systems. Treating infectious diseases can be expensive, involving hospitalization, medications, and long-term care for complications [13].
- Economic Disruptions: Infectious disease outbreaks can disrupt economies by causing workforce shortages, reducing productivity, and necessitating costly public health interventions.

 Productivity Losses: Illness and absenteeism due to preventable diseases can significantly impact economic productivity. Vaccination helps maintain a healthy workforce, contributing to economic stability and growth.

Long-Term Economic Benefits

- Investing in Prevention: While the upfront costs of vaccination programs can be substantial, the long-term economic benefits often outweigh these initial investments. Preventing disease outbreaks through vaccination can save money by avoiding treatment costs and economic disruptions.
- Global Health Security: Effective vaccination programs contribute to global health security by reducing the risk of pandemics and protecting economies from the far-reaching impacts of widespread disease outbreaks.

Public Trust

- Transparent Communication: Providing clear, accurate, and accessible information about vaccines is essential for building public trust. Addressing misconceptions and misinformation through public education campaigns can improve vaccine acceptance.
- Robust Safety Monitoring: Ensuring that vaccines undergo rigorous testing for safety and efficacy, and maintaining robust post-marketing surveillance to monitor adverse events can reassure the public about the safety of vaccines.
- Addressing Vaccine Hesitancy: Engaging with communities, understanding their concerns, and addressing vaccine hesitancy through culturally sensitive approaches are critical for improving vaccination rates. Involving trusted community leaders and healthcare providers in promoting vaccination can also enhance trust and acceptance.
- **Public Figures and Influencers:** Utilizing respected public figures, celebrities, and influencers to promote vaccination can positively influence public perception.
- Community Engagement: Partnering with community organizations and leaders to disseminate information and address concerns can foster trust and encourage vaccination.
- Transparency in Reporting: Regularly publishing data on vaccine safety, efficacy, and the benefits of vaccination can help maintain public confidence and counteract misinformation.
- **Legislative Support:** Establishing a proper legal system based on medical science to ensure the implementation of mandatory vaccination when it is required.

Conclusion

Mandatory vaccination is a complex and nuanced issue that requires careful consideration of multiple factors. By systematically evaluating the mortality rate, disease severity, transmissibility, population susceptibility, effectiveness of protection measures, vaccine efficacy, side effects, and socioeconomic affordability, we can make informed decisions that protect public health while respecting individual rights. Establishing a robust decision-making framework based on scientific evidence, relevant laws, and historical data is essential for navigating this challenging terrain.

(This article was revised by Chat GPT for language improvement.)

References

- Hussain, S. (2019). Immunization and Vaccination. Psychiatry of Pandemics, 16, 153-177. doi: 10.1007/978-3-030-15346-5_13. PMCID: PMC7124023.
- Harris, R. J., Hall, J. A., Zaidi, A., Andrews, N. J., Dunbar, J. K., Dabrera, G. (2021). Effect of vaccination on household transmission of SARS-CoV-2 in England. New England Journal of Medicine, 385(8), 759-760.
- 3. Singanayagam, A., Hakki, S., Dunning, J., Madon, K. J., Crone, M. A., Koycheva, A., Derqui-Fernandez, N., ...& Ahmad, S. (2021). Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. The Lancet. Infectious diseases, 22(2), 183-195.
- 4. Wilder-Smith, A. (2022). What is the vaccine effect on reducing transmission in the context of the SARS-CoV-2 delta variant? The Lancet Infectious Diseases, 22(2), 152-153.
- 5. Liu, H., Han, X., Lin, X., Zhu, X., Wei, Y. (2023). Impact of vaccine measures on the transmission dynamics of COVID-19. PLoS One, 18(8), 0290640.
- Garcia-Knight, M., Anglin, K., Tassetto, M., Lu, S., Zhang, A., Goldberg, S. A., ... & Kelly, J. D. (2022). Infectious viral shedding of SARS-CoV-2 Delta following vaccination: a longitudinal cohort study. PLoS pathogens, 18(9), 1010802.
- Everett, H. E., van Diemen, P. M., Aramouni, M., Ramsay, A., Coward, V. J., Pavot, V., ... & Gilbert, S. (2021). Vaccines that reduce viral shedding do not prevent transmission of H1N1 pandemic 2009 swine influenza a virus infection to unvaccinated pigs. Journal of virology, 95(4), 10-1128.
- 8. Kaiser, T. J., Smiley, R. A., Fergen, B., Eichmeyer, M., Genzow, M. (2019). Influenza A virus shedding reduction observed at 12 weeks post-vaccination when newborn pigs are administered live-attenuated influenza virus vaccine. Influenza and Other Respiratory Viruses, 13(3), 274-278.
- 9. Kayser, V., Ramzan, I. (2021). Vaccines and vaccination: history and emerging issues. Human vaccines & immunotherapeutics, 17(12), 5255-5268.
- 10. Delamater, P. L., Street, E. J., Leslie, T. F., Yang, Y. T., Jacobsen, K. H. (2019). Complexity of the basic reproduction number (R0). Emerging infectious diseases, 25(1), 1-4.
- 11. Pattyn, J., Bonanni, P., Adult Immunization Board working group. (2023). Assessing the health burden of vaccine-preventable infections in European adults: challenges and opportunities translated into action. Eurosurveillance, 28(48), 2300791.
- Chevalier-Cottin, E. P., Ashbaugh, H., Brooke, N., Gavazzi, G., Santillana, M., Burlet, N., Tin Tin Htar, M. (2020). Communicating benefits from vaccines beyond preventing infectious diseases. Infectious Diseases and Therapy, 9, 467-480.
- Ozawa, S., Clark, S., Portnoy, A., Grewal, S., Stack, M. L., Sinha, A., ... & Walker, D. (2017). Impacto económico estimado de las vacunas en 73 países con ingresos bajos y medios, 2001-2020. Bulletin of the World Health Organization, 95(9), 629-638.

Copyright: ©2024 Yongxin Zhang. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Page No: 03