



# VACCI-NATION INOCULATION IN THE COUNTRY

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# VACCINATION

## Vaccination:

- The healthy immune system is able to recognize invading bacteria and viruses and produce substances (antibodies) to destroy or disable them. Immunizations prepare the immune system to ward off a disease.
- To immunize against viral diseases, the virus used in the vaccine has been weakened or killed. To only immunize against bacterial diseases, it is generally possible to use a small portion of the dead bacteria to stimulate the formation of antibodies against the whole bacteria.
- In addition to the initial immunization process, it has been found that the effectiveness of immunizations can be improved by periodic repeat injections or "boosters."

# CHANGING TERMINOLOGY

The terms inoculation, vaccination, and immunisation are often used synonymously to refer to artificial induction of immunity against various infectious diseases. This is visible if you look the words up in modern dictionaries, however, following on from the last lecture on smallpox there are some important historical and current differences.

- Variolation – Pre Jenner's 1787 vaccine – Variolation (Variola meaning Smallpox) through deliberate transference of smallpox matter was the key form of inoculation.
- Vaccination – Coined by Pasteur in 1891 as cover all for all preventative injections designed to promote an immunity that were the current scientific obsession. Named Vax (Latin for Cow) in honour of Jenner's discovery.
- Immunisation – Synonymous term that has since evolved to include the use of an anti-toxin (containing a preformed antibody to promoting an immune reaction).
- Inoculation – Cover all term for all the above – practice of promoting an immunity through medical intervention.





Smallpox



Edward Jenner's discovery in 1796 of the **Smallpox Vaccine** using Cowpox changed the face of preventative medicine by introducing a significantly safer form of inoculation than the commonly deadly variolation that had been in vogue for a century in Britain.

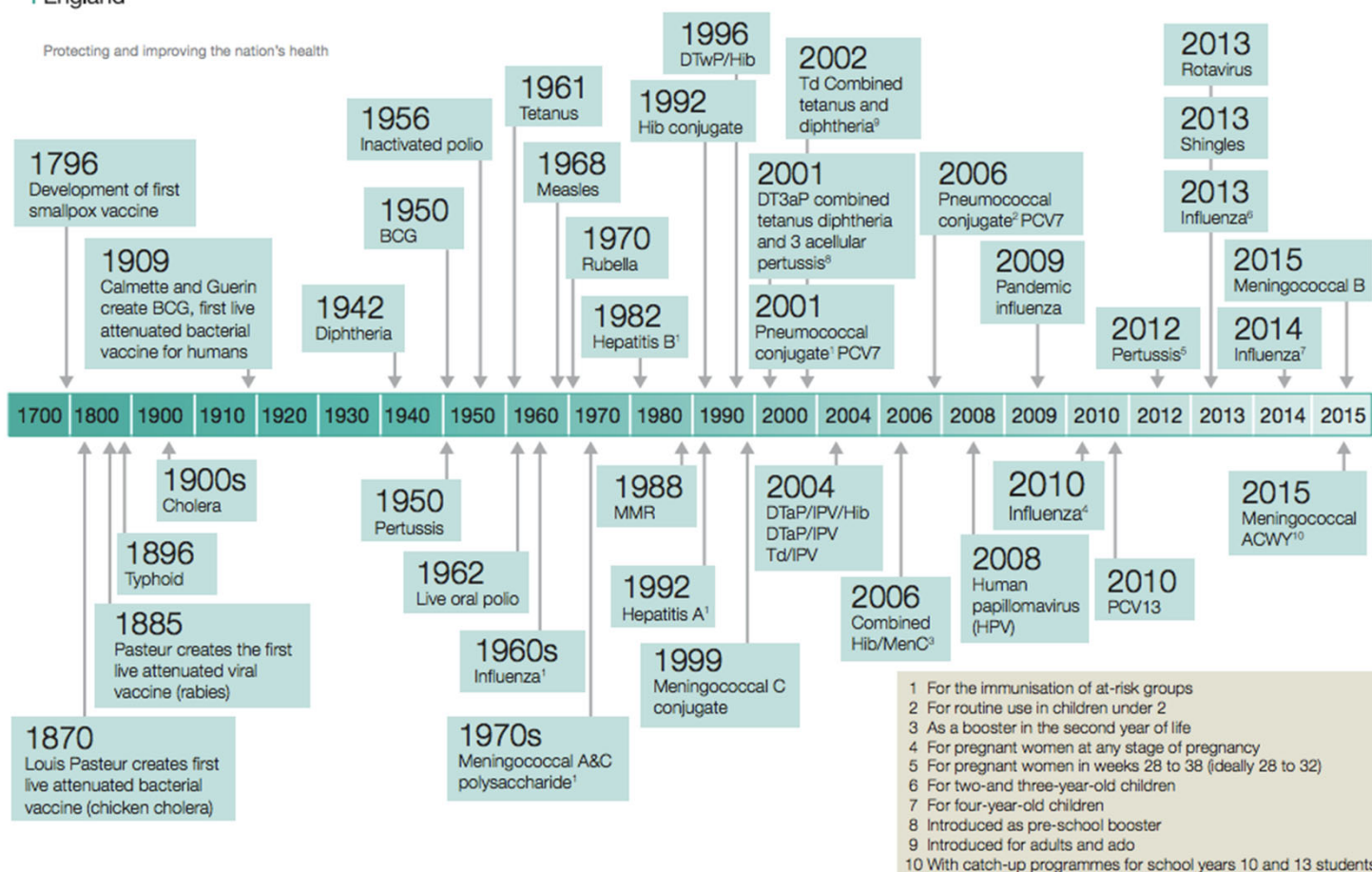
The mandatory requirement for the process established in 1853 yielded and **anti-vaccination rhetoric** that has continued for nearly two centuries



Public Health  
England

Protecting and improving the nation's health

## Historical vaccine development and introduction of vaccines in the UK





# THE POLIO VACCINE AND CONTROVERSY



Jonas Salk



Rehabilitation of a children affected by polio.

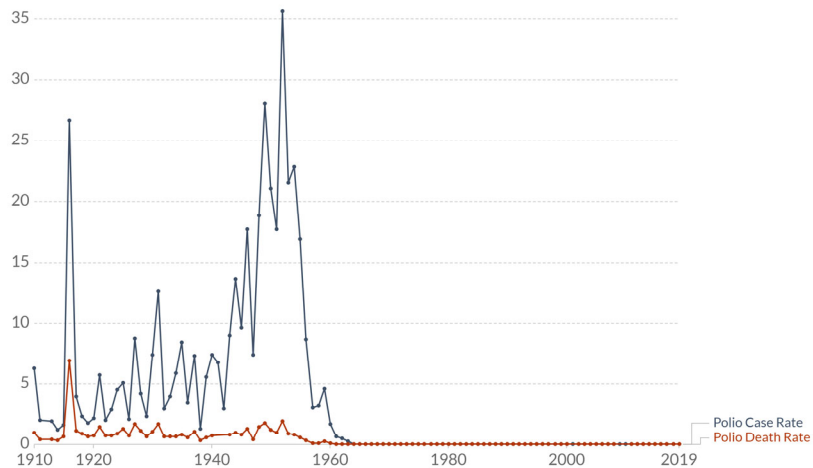
- Inventor of the Polio vaccine Jonas Salk first began testing his compound in 1952 expanding it over the next two years, to become one of the largest clinical trials in medical history.
- Around two million children were given the vaccine during the test phase. Salk's efforts were supported and promoted by the National Foundation for Infantile Paralysis
- When the vaccine was approved for general use in 1955, Salk became a national hero. Honoured by President Dwight D. Eisenhower at the White House.



# THE POLIO VACCINE AND CONTROVERSY

## Prevalence of Polio Rates in the United States

The reported rates are per 100,000 US population and include both wild- and vaccine-derived type polio infections that occurred indigenously and as imported cases.



<https://ourworldindata.org/grapher/prevalence-of-polio-rates-in-the-united-states>

## The Cutter Incident:

- In April 1955 more than **200 000 children** in five Western and mid-Western USA states received a polio vaccine in which the process of inactivating the live virus proved to be defective.

Within days there were reports of paralysis and within a month the first mass vaccination programme against polio had to be abandoned.

Subsequent investigations revealed that the vaccine, manufactured by the California-based family firm of Cutter Laboratories, had caused **40000 cases of polio**, leaving **200 children** with varying degrees of paralysis and **killing 10**.



## Immunization currently prevents 2-3 million deaths every year

Immunization prevents deaths every year in all age groups from diseases like diphtheria, tetanus, pertussis (whooping cough), influenza and measles. It is one of the most successful and cost-effective public health interventions

WHO 2020

<https://www.who.int/news-room/facts-in-pictures/detail/immunization>

SUCCESS AND  
IMPROVEMENT

### How Vaccines Eradicated Common Diseases

Annual 20th century morbidity and 2019 morbidity of selected diseases in the U.S.

|                   | 20th Century Annual Morbidity | Reported Cases in 2019 | Percentage Decrease |
|-------------------|-------------------------------|------------------------|---------------------|
| Measles           | 530,217                       | 1,287                  | >99%                |
| Pertussis         | 200,752                       | 15,662                 | 92%                 |
| Mumps             | 162,344                       | 3,509                  | 98%                 |
| Rubella           | 47,745                        | 3                      | >99%                |
| Smallpox          | 29,005                        | 0                      | 100%                |
| Diphtheria        | 21,053                        | 2                      | >99%                |
| Polio (paralytic) | 16,316                        | 0                      | 100%                |

Source: Centers for Disease Control and Prevention



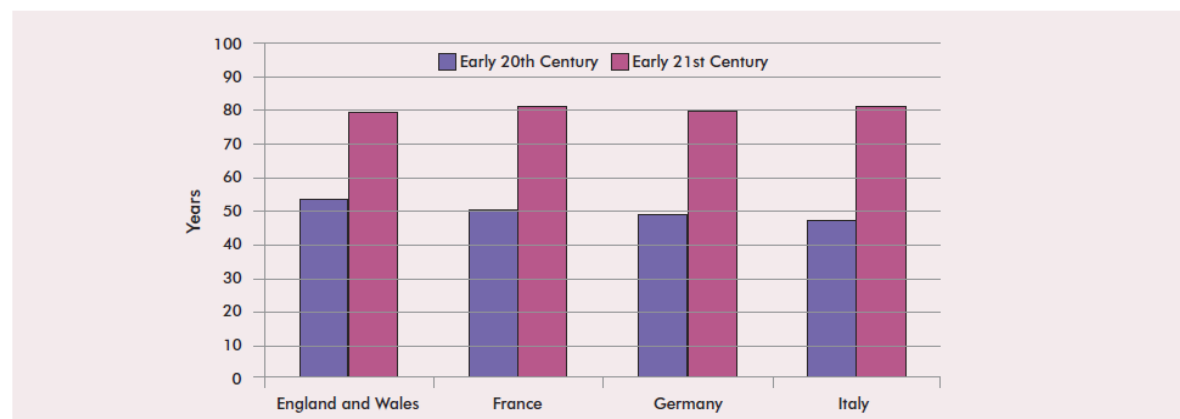
statista



### Selected Key Vaccines Developed 20<sup>th</sup> Century

- 1897 Anti-Typhoid
- 1888 Anti-Cholera
- 1914 Pertussis
- 1926 Diphtheria
- 1938 Tetanus
- 1955 Polio (OPV)
- 1963 Measles
- 1967 Mumps
- 1969 Rubella
- 1985 Hep B
- 1998 Rotavirus
- 2000 Hep A

Figure 2. Life expectancy at birth for selected European countries, early 20th and early 21st centuries



Notes: England and Wales data for the early 20th century are for 1910-11; France 1908-13; German Empire 1910-11; Italy 1910-12. All these data are taken from Vallin (see Sussex and Yuen, 2000). The borders of Germany and Italy in 1995 differ from those in the early 20th century. The data for the early 21st Century are taken from the UN's *World Population Prospects* (United Nations, 2009) and relate to 2005-2010. Sources: Sussex and Yuen (2000); United Nations (2009)

Table 1. Share of total fall in standardised mortality rate\* in each period attributable to each disease group, England and Wales

|                                     | 1901-1971  | 1971-1997  | 1971-2007  | 1997-2007  |
|-------------------------------------|------------|------------|------------|------------|
| Attributable to micro-organisms     |            |            |            |            |
| 1. Airborne                         | 39%        | 20%        | 20%        | 21%        |
| 2. Water- and food-borne diseases   | 16%        | 2%         | 0%         | -2%        |
| 3. Other infections                 | 12%        | -1%        | 0%         | 0%         |
| <b>Total infections</b>             | <b>67%</b> | <b>21%</b> | <b>20%</b> | <b>19%</b> |
| Not attributable to micro-organisms | 33%        | 79%        | 80%        | 81%        |

\*Age-standardised mortality rate based on 1901 population structure  
Sources: ONS (2008a); ONS (2011); Sussex and Yuen (2000)

Table 2. Airborne infections: Share of total fall in standardised\* mortality rates from all causes, England and Wales

|                                    | 1901-1971  | 1971-1997  | 1971-2007  | 1997-2007  |
|------------------------------------|------------|------------|------------|------------|
| Tuberculosis (respiratory)         | 11%        | 1%         | 1%         | 0%         |
| Bronchitis, pneumonia, influenza   | 19%        | 19%        | 20%        | 21%        |
| Whooping cough                     | 3%         | 0%         | 0%         | 0%         |
| Measles                            | 2%         | 0%         | 0%         | 0%         |
| Scarlet fever, diphtheria          | 4%         | 0%         | 0%         | 0%         |
| Smallpox                           | 0%         | 0%         | 0%         | 0%         |
| Infections of ear, pharynx, larynx | 1%         | 0%         | 0%         | 0%         |
| <b>Total</b>                       | <b>39%</b> | <b>20%</b> | <b>20%</b> | <b>21%</b> |

\*Age-standardised mortality rate based on 1901 population structure  
Sources: ONS (2008a); ONS (2011); Sussex and Yuen (2000)

Table 3. Water- and food-borne infections: Share of total fall in standardised\* mortality rates from all causes, England and Wales

|                                | 1901-1971  | 1971-1997 | 1971-2007 | 1997-2007  |
|--------------------------------|------------|-----------|-----------|------------|
| Cholera, diarrhoea, dysentery  | 10%        | 2%        | 0%        | -2%        |
| Tuberculosis (non-respiratory) | 4%         | 0%        | 0%        | 0%         |
| Typhoid, typhus                | 1%         | 0%        | 0%        | 0%         |
| <b>Total</b>                   | <b>15%</b> | <b>2%</b> | <b>0%</b> | <b>-2%</b> |

\*Age-standardised mortality rate based on 1901 population structure

\*\* In 1997 and 2007 figures relate to intestinal infectious diseases, which include cholera and dysentery. For 1901 and 1971, this group comprised deaths recorded as cholera, diarrhoea and dysentery.

Sources: ONS (2008a); ONS (2011); Sussex and Yuen (2000)

Table 4. Other infections: Share of total fall in standardised\* mortality rates from all causes, England and Wales

|                           | 1901-1971  | 1971-1997  | 1971-2007 | 1997-2007 |
|---------------------------|------------|------------|-----------|-----------|
| Convulsions, teething     | 6%         | 0%         | 0%        | 0%        |
| Syphilis                  | 1%         | 0%         | 0%        | 0%        |
| Appendicitis, peritonitis | 1%         | 0%         | 0%        | 0%        |
| Puerperal fever           | 1%         | 0%         | 0%        | 0%        |
| Other infections          | 4%         | -1%        | -1%       | 0%        |
| <b>Total</b>              | <b>12%</b> | <b>-1%</b> | <b>0%</b> | <b>0%</b> |

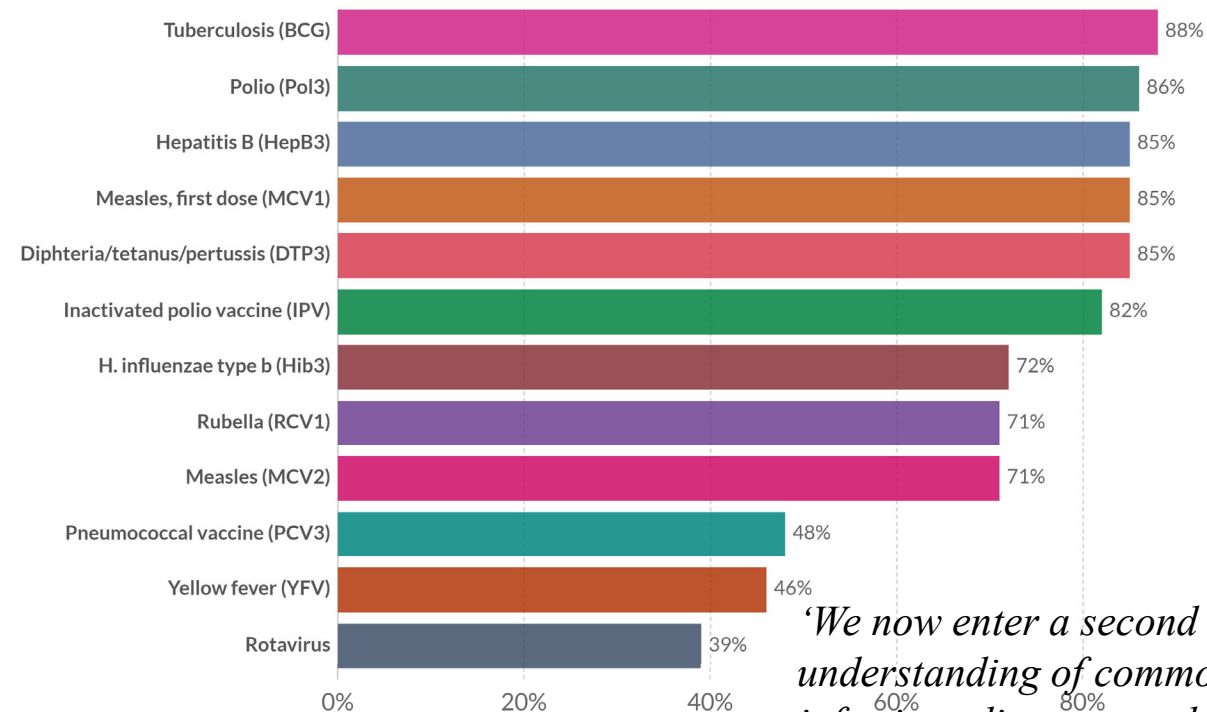
\*Age-standardised mortality rate based on 1901 population structure

Sources: ONS (2008a); ONS (2011); Sussex and Yuen (2000)



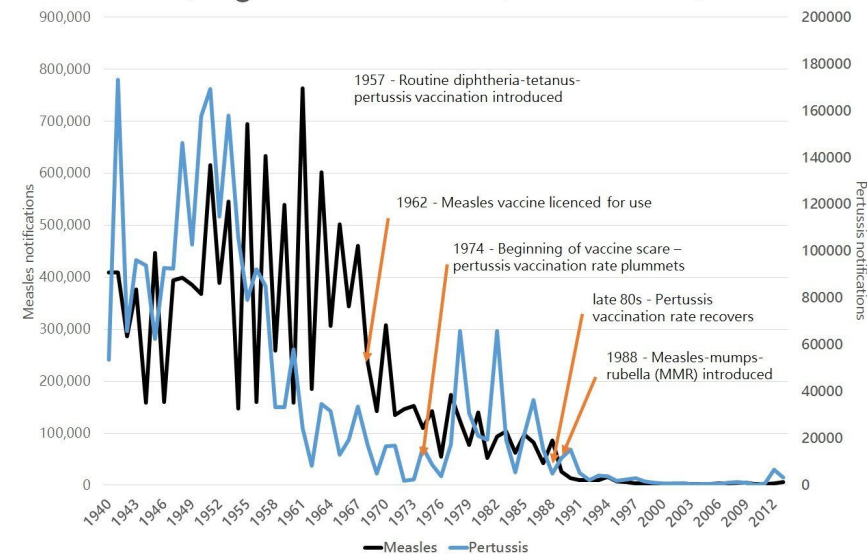
## Global vaccination coverage, World, 2019

Share of one-year-olds who have been immunized against a disease or a pathogen.



Source: World Health Organization (WHO); UNICEF

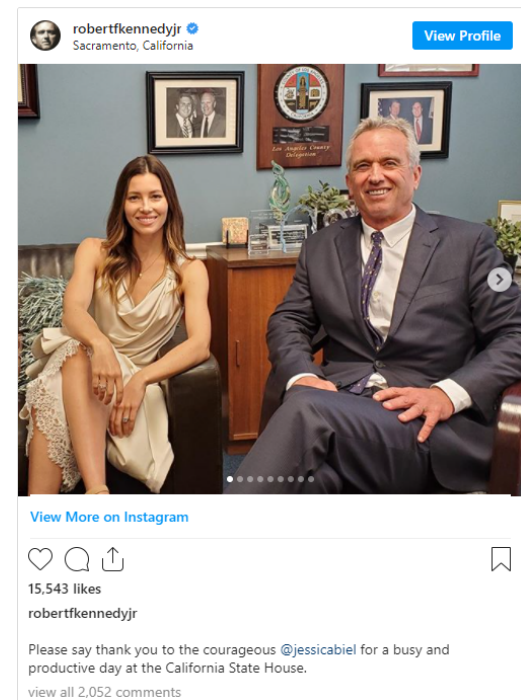
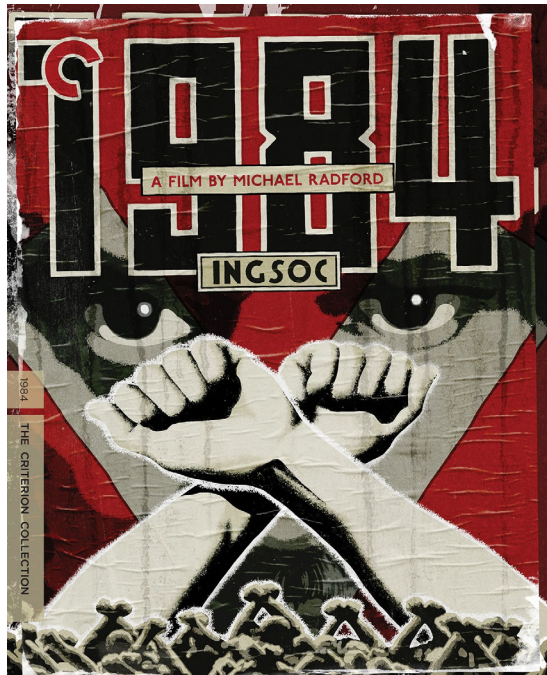
## Notifications for measles and pertussis (England and Wales, 1940-2013)



*'We now enter a second 'golden age' of vaccinology in the enhanced understanding of common diseases, vaccine development against chronic non-infectious diseases, and in better integrating advances in biology, genomics, immunology, molecular biology, and virology.'*

Poland G, Barrett A. The old and the new: successful vaccines of the 20th century and approaches to making vaccines for the important diseases of the 21st century. *Curr Opin Immunol.* 2009;21(3):305-307. doi:10.1016/j.coi.2009.05.014

## Agency, Fear, Misinformation, or Vanity?





## Mandatory Vaccination in the UK in 1856 led to centuries of antivaccination campaigning

- Leicester 1885 100000 participants protested against mandatory vaccination
- Royal Commission in the 1890s and reported in 1896: Developed the conscience clause in 1898.
- Mandatory Vaccination repealed in 1906
- Vaccination widespread in 1914 -1918 within the military with rising concerns.
- Britain slow to adapt to modern vaccines unlike France, USA, or in Scandinavia.
- During WW2 British Ministry of Health started a national policy of immunisation against diphtheria. Fearing resistance, it made the procedure voluntary, but embarked on a massive advertising campaign. By the end of the war, rates of diphtheria had dropped significantly, boosting the profile of vaccination among the British medical community, government departments and the general public.
- NHS / Child Vaccination Scheme 1948 – introduced routine vaccinations for children
- Antivaccination groups / Vaccination scandals increased from 1940 onwards.

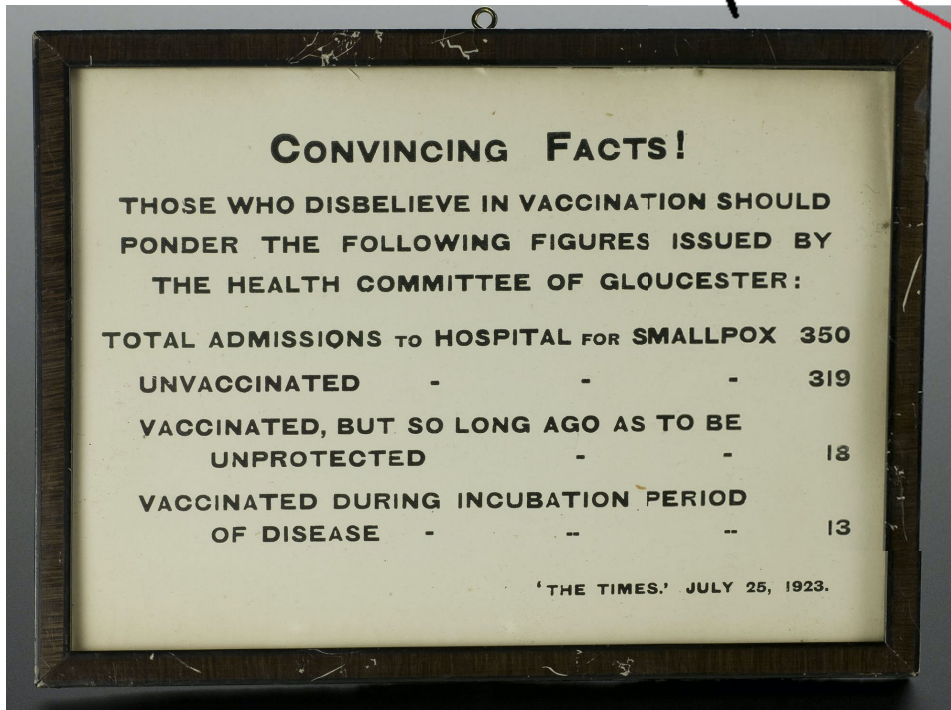
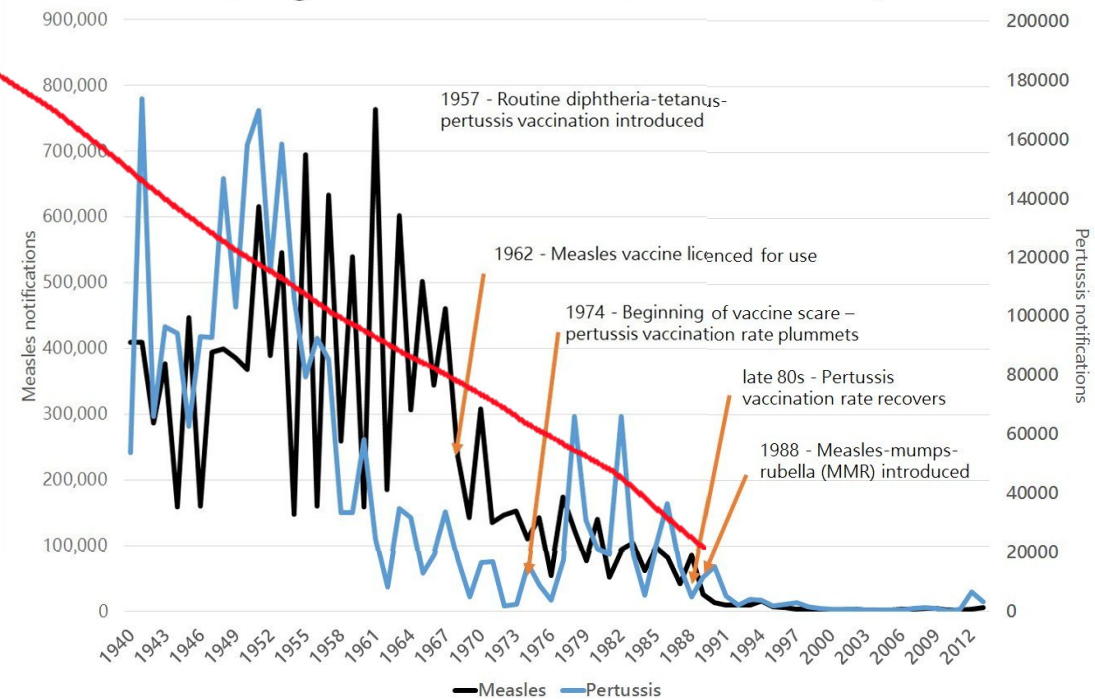




But the peak??

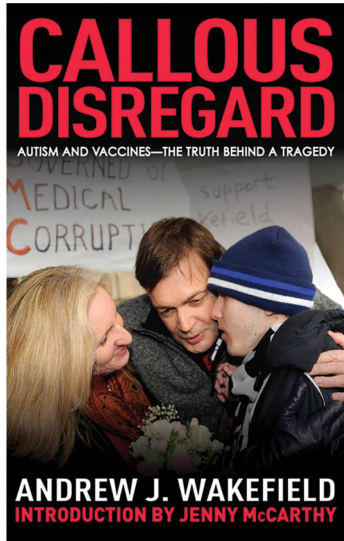
## Anti-Vaccination– Rise and Decline 1900-2020

### Notifications for measles and pertussis (England and Wales, 1940-2013)



Accessible from <https://wellcomecollection.org/articles/WsT4Ex8AAHruGfXd>

## Not just fake news and misinformation – Anti-vaccination Arguments



### Science –

‘Overwhelming medical evidence shows that negative side effects are rare and minor’ claimed an article in Scientific American, yet, studies do exist. Andrew Wakefield et al 2011 discredited study promoted a new vitriol and concern about the MMR inoculation forcing changes in Government Policy and new Global Questions on Vaccination.

Rao TS, Andrade C. The MMR vaccine and autism: Sensation, refutation, retraction, and fraud. *Indian J Psychiatry*. 2011;53(2):95-96. doi:10.4103/0019-5545.82529



### Agency / Government Control

An old argument but a mainstay of the anti-vaccination argument. Agency and freedom from government compulsion are amongst the oldest arguments against vaccination. This also often pulls in other factors such as **Gender, Religion, and Social Conformity**. The argument tends to be simple at it's core – ‘I should not be forced to put something in my body if I do not want to’. Its an old and often compelling argument

### Safety / Human Experimentation –

In 2000 in Nigeria, further use of an untested HIV vaccine was banned until investigations on its claimed efficacy are completed. Developed by controversial surgeon Jeremiah Abalaka, the Nigerian's Vice-President noted that the vaccine has killed more than it has cured. Ahmad, K., Public protests as Nigeria bans use of untested HIV vaccine *The Lancet* (2000) DOI:https://doi.org/10.1016/S0140-6736(05)74166-0



Price: \$19.99

Fit Type: Men

Men

Women

Color: Black



Size:

Select

- Solid colors: 100% Cotton; Heather Gr 50% Polyester
- Imported
- Machine wash cold with like colors, dry
- Lightweight, Classic fit, Double-needle

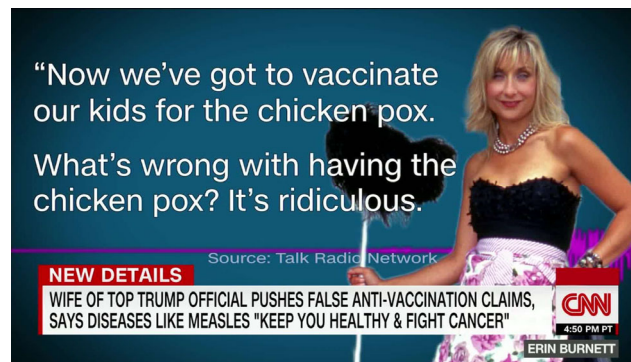
AN OLD FURY





...31 million people follow anti-vaccine groups on Facebook, with 17 million people subscribing to similar accounts on YouTube. The CCDH calculated that the anti-vaccine movement could realise US\$1 billion in annual revenues for social media firms. As much as \$989 million could accrue to Facebook and Instagram alone, largely from advertising targeting the 38.7 million followers of anti-vaccine accounts. Huge sums indeed, but it is worth noting that, in 2019, [Facebook generated revenue of \\$70.7 billion](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30227-2/fulltext#articleInformation).

T. Burki, 'The online anti-vaccine movement in the age of COVID-19', *The Lancet*, (2020), [https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(20\)30227-2/fulltext#articleInformation](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30227-2/fulltext#articleInformation)



AN OLD FURY





# CONCLUSION

## Trials

- Throughout the 19<sup>th</sup> and 20<sup>th</sup> century vaccination was increasingly considered as the **solution to medical crisis** experienced globally.
- This enthusiasm, emboldened and enabled by scientific progress allowed for **incredible advances** but also terrible mistakes which damaged faith in the practice.

## Success

- The **eradication of a killer** disease and the apparent control of so many more is a difficult achievement to argue against in the case of inoculation (although it happens)
- The statistics from numerous reputable sources illustrate how Vaccination has **saved and improved the lives of millions annually**.

## Fury

- Old habits die hard as many of the **same arguments from the 19<sup>th</sup> century** continue up to today – **Agency, Freedom, Fear, and Disinformation** all collaborate to promote anti-vaccination messages.
- **Economics is also a significant** if difficult to recognise element in that there has always been money to be made from **sensationalism and resistance**.



**For more information check:**

- **The Padlet Board** <https://padlet.com/simonwalker2018/vax>
- **Myplace for the Lectures and Seminars**
- **The core readings in the handbook and Myplace**