CORRESPONDENCE

Measles Status—Barriers to Vaccination and Strategies for Overcoming Them

by Dr. med. Constanze Storr, Dr. rer. nat. Linda Sanftenberg, Prof. Dr. med. Joerg Schelling, Prof. Dr. med. Ulrich Heininger, and Prof. Dr. med. Antonius Schneider in issue 43/2018

Vehement Antivaccinationists Are the Cause

Storr and colleagues in their article investigate barriers to vaccination and strategies for overcoming these (1). The fact that the critical vaccination coverage for measles has not been achieved in Germany is also due to the increasing numbers of vehement antivaccinationists.

These are hard to reach by means of information campaigns as they base their anti-vaccine attitudes on ideological convictions and are not open to technical and factual arguments. Vaccine skeptics are often of a higher educational status, in possession of “dangerous half-knowledge” with or without prior scientific-medical knowledge; they access “pseudoscientific” evidence and are falsely convinced that they are in a position to be able to assess scientific evidence without (as a rule) having any medical expertise. A further problem lies in the fact that successful vaccination campaigns in the past have resulted in vaccine-preventable diseases disappearing from the public’s consciousness, but that a stronger focus is now on (questionable) vaccination side effects (2).

With regard to introducing compulsory vaccination in Germany I wish to point out that this is contrary to the fundamental right to bodily integrity and self determination (article 2 in Germany’s Basic Law).

Paragraph 20 subparagraphs 6 and 7 of Germany’s Infection Protection Act (*Infektionsschutzgesetz*, IfSG) provide for the option to make vaccination compulsory in certain cases. Compulsory vaccination is fundamentally compatible with the Basic Law; a relevant judgment was passed as early as in 1959 (3).

However, the question arises as to how and whether such compulsory vaccination could be implemented—especially in the case of measles. The use of physical force is certainly out of the question. In view of the principle of therapy freedom, it is extremely difficult to tackle the problem of vaccine-sceptic primary care providers.

The question is whether doctors who refuse to provide vaccinations could be threatened with professional legal (or even penal/criminal) consequences if they knowingly continue to refuse to provide their patients (and the general public!) with a medical measure that has been confirmed as effective, and which can prevent serious complications and deaths.

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References

1. Storr C, Sanftenberg L, Schelling J, Heininger U, Schneider A: Measles status—barriers to vaccination and strategies for overcoming them. *Dtsch Arztebl Int* 2018; 115: 723–30.
2. Meyer C, Reiter S, Robert Koch-Institut, Berlin: Impfgegner und Impfskeptiker – Geschichte, Hintergründe, Thesen, Umgang. Bundesgesundheitsbl – Gesundheitsforsch – Gesundheitsschutz 2004 · 47: 1182–8.
3. Erdle F: *Infektionsschutzgesetz – Kommentar*. (6th edition), Landsberg am Lech. ecomed Medizin 2018, 77.

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In Reply:

We thank Dr. Lampl for his comments. We agree with him as shown in our article, which says that compulsory vaccination for a single disease only—apart from legal considerations—may well have the opposite effect of what is intended and that persons wary of vaccinations may then refuse all other vaccinations, even some of those that are not compulsory (1, 2). For this reason it does not seem sensible to introduce partial compulsory vaccination. As a first step the legal implications of implementing compulsory vaccination would have to be clarified. Dr. Lampl raises the principle of therapy freedom. Since vaccination is not therapy but a primary prevention measure, however, it needs to be legally clarified whether this principle would actually apply in this setting. Our research prompted us to see vaccine-hesitant doctors in a more critical light than the constant proportion of antivaccinationists in the population (3). The Federal Social Court (B 6KA 54/00 R) explained on the subject of obligations of statutory health insurance physicians—even when they are vaccine-hesitant—that vaccinations that are included in the statutory services for members of statutory health insurance schemes (especially vaccinations that are listed in the Federal Joint Committee’s vaccination guideline) have to be provided on a mandatory basis and therefore administered at the request of a member of a statutory health insurance scheme (4).

Regarding the question of whether vaccine-hesitant primary care physicians should be under threat of professional (conceivable), liability related (conceivable), or even penal/criminal (unlikely) consequences if they do not provide their patients with information about vaccinations, I refer readers to a publication of the charitable foundation “Eine Chance für Kinder” [give children a chance] (5), which discusses these options. The authors explain that in Germany, vaccination is still regarded as an individual medical service. At least a focus on general prevention would be desirable for the future—whether in the setting of a trusting/confidential consultation, in concerted easy-access services from the public health authorities, or—as a last resort—by means of compulsory vaccination.

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References

1. Storr C, Sanftenberg L, Schelling J, Heininger U, Schneider A: Measles status—barriers to vaccination and strategies for overcoming them. *Dtsch Arztebl Int* 2018; 115: 723–30.
2. Betsch C, Böhm R: Detrimental effects of introducing partial compulsory vaccination: experimental evidence. *Eur J Public Health* 2016; 26: 378–81.
3. Betsch C, Korn L, Holtmann C: Don’t try to convert the antivaccinators, instead target the fence-sitters. *Proc Natl Acad Sci USA* 2015; 33: 4180–90.
4. Bundessozialgericht Verpflichtung des Vertragsarztes <https://sozialgerichtsbarkeit.de/sgb/esgb/show.php?modul=esgb&id=1496>, (last accessed on December 4th 2018).
5. Deutsch E, Spickhoff A, Ullrich K: Die Pflicht des Arztes, den Patienten auf eine Impfung hinzuweisen. www.eine-chance-fuer-kinder.de/wp-content/uploads/2017/12/als-PDF-herunterladen.pdf (last accessed on 2 January 2019).

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Conflict of interest statement

All correspondents declare that no conflict of interest exists.