Lessons from Wakefield and The Lancet

Dr Julie Leaske is a senior research fellow at the National Centre for Immunisation Research & Surveillance. In the Medical Journal of Australia, she and her colleagues outlined some of the lessons Australia can learn from the saga of Dr Andrew Wakefield and his Lancet paper linking the MMR vaccine with autism. She spoke to Kate McDonald.

H&A: The MMR vaccination rate in the UK fell from 91 per cent in 1997-98 to 80 per cent in 2003-04. Can this drop be attributed mainly to the Wakefield scandal?

JL: Yes. It is based on the fact that other vaccinations didn’t drop and there wasn’t anything else going on at the time that might have reduced MMR vaccination rates. Sometimes that does happen but in this case it was pretty consistent with attitudes and behaviour.

H&A: Australia seems to have avoided the major problems experienced in the UK despite a lot of media coverage. Why do you think that is?

JL: I think the biggest reason is that we didn’t have a local doctor (like Wakefield) coming up with research findings. When I speak to journalists about this issue, they do say that the local element is very important when reporting on it. It gives it a greater sense of being a local finding rather than being that not applicable to Australia. I also think that Australia’s mass media are a little more conservative when it comes to fringe views about vaccination than the UK’s media are. That may be a result of bungles like the CJD issue where there is this eroded sense of trust in the medical system and what the health authorities say is safe and is not safe. The other thing that kept it alive there was the whole Tony Blair issue (the former prime minister refused to say whether his new son was vaccinated) so that provided a new angle on the story and new exposure to the theory, which got it taken up in everyday parents’ thinking and conversations.

H&A: Besides not having our own Wakefield, why does Australia do so well in vaccination rates?

JL: Australia has a very strong support base for immunisation, partly through the structural reforms established in Australia in the 1990s, like providing incentives to parents, and making it hard for parents not to immunise. And we had incentives for GPs to make sure that children are fully immunised. We also have the Australian Childhood Immunisation Register which helps us keep track of immunisation rates. All of that contributes to this strong foundation of support for immunisation in Australia.

H&A: There is a lot of misinformation about vaccines and autism, particularly on the internet. How should public health services confront that sort of misinformation?

JL: We can think of the rise of social media like a wave. You don’t fight against it or you get dumped. You hop on a surfboard and ride with it. First of all you have to accept that what we like to call “misinformation” is always going to be out there, and that citizens are much more involved in information about their health and healthcare these days. This can be a good thing in and of itself. If we want to support immunisation we can use the principles of social marketing: having YouTube videos, having Facebook sites; using trusted prominent people and so forth. We’ve also got to constantly monitor our immunisation rates and monitor attitudes so we know where and how these are changing. And that’s exactly what we do at the National Centre for Immunisation Research & Surveillance.
H&A: You say in the editorial that we should accept that vaccine scares are going to happen and plan accordingly. What strategies would you suggest?

JL: The national strategy which is now in development should have communication with public and professionals as one of the priority tasks. Planning means figuring out what sort of issues might arise, although you can’t always predict those. More importantly, thinking about who you are going to communicate with when there’s a vaccine safety issue and doing that in a timely fashion so people know what is going on as soon as possible. It’s the preparation, it’s the figuring out where your communication channels are, being willing to talk to the media, having transparency around immunisation policy so that the public don’t get this sense that there might be some sort of cover up.

H&A: Is there anything good to have come out of the Wakefield scandal?

JL: The MMR issue was such an extraordinary example of how one small study, which did not prove anything, can result in a very significant impact on public health. The MMR scare was a tragedy but one of things that has driven it is the problem of autism and the lack of funding and attention to early diagnosis and intervention. If anything good can come from this, it would be that support services for parents whose children have autism will hopefully be improved and have more attention go towards this very significant condition. The services available are terribly strained – they have no where near the resources they require. I would hope it has helped put autism more fairly on the health agenda.

H&A: The anti-vaccine lobby can look quite powerful. What can be done to fight against it?

JL: There will always be people in the community who think vaccines cause autism and other problems. This issue was around before Wakefield and a minority will continue to believe this. But the idea that the public is a blank slate and we just give them facts, educate them, they are passive and just accept it, and then people who don’t immunise will change their minds – it doesn’t work. We have to think about our audience. Who is the most important? It’s parents who might be swayed by this stuff but otherwise would vaccinate. It’s not the anti-vaccinators – they are rusted-on, and unlikely to change their views. We need to target the swinging voters.