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Inicio
Home

Indice del
volumen
Volume index

Comité Editorial
Editorial Board

Comité Científico
Scientific
Committee

Normas para los
autores
Instruction to
Authors

Derechos de autor
Copyright

Contacto/Contact:



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Editorial:

KNOWLEDGE ABOUT VACCINES

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Version en español

The current situation about immunizations periodically causes concern due to the visibility and dissemination of facts negative impact on the media and social communication networks. In certain areas prevailing view that vaccines are neither safe nor necessary and that the diseases covered by immunization programs have disappeared, so the risk of immunization exceeds sick¹.

Shortages or withdrawal of vaccine distribution channels for different reasons not contribute to confidence in the effectiveness and vaccine safety².

The introduction of new vaccines in the recommended schedules is an issue with unquestionable ethical implications which go beyond the scope of health-patient relationship. It requires an exercise of caution and a critical position, similar to that adopted with drug innovations or new technologies. Must be governed by criteria of effectiveness, safety and efficiency, based on scientific evidence³. The opportunity cost analysis is key in this process and in addressing potential conflicts of interest⁴.

When programming vaccine strategies should be taken into account the greater needs and problems of vaccination disadvantaged groups, socially excluded, low resources that are more frequently found deficiencies in vaccination or by access difficulties or other causes⁵. In a dynamic society where information is missing dizzying clear content that will underpin the benefits of vaccination. Few measures like this, in public health, have contributed to the control of infectious diseases and improving the quality of life throughout the world and the reduction of infant morbidity and mortality⁶.

When a new vaccine to the immunization schedule is incorporated is particularly important information, both the health authorities and pharmaceutical companies and professionals provide the population and the echo of it in the media including advertising⁷. Pediatricians and other health professionals, especially nurses play a key role in the decision of the parents about the vaccine⁸. When a parent decides not to vaccinate often referred to health professionals in their environment as main and more direct information. The widespread use of internet with no proven enormous amount of information contributes to spreading misconceptions and myths about vaccines⁹⁻¹⁰ ideas. The antivaccination movements makes arguments often denied by science, such as autism alleged relationship with measles vaccination-mumps-rubella advertising are scheduled to children during their second year of life. The risk management frivolous vaccination relying on arguments with little scientific basis, creates confusion and loss of confidence in the recommendations of professionals¹¹⁻¹².

It should make the effort necessary to enable immunization reach all children in the world and achieve the number four Millennium Development Goal of reducing the mortality rate by two-thirds of children under five years this year 2015 compared to 1990¹³.

Vaccination is not compulsory in Spain, it made important that differentiates us from other countries; It is recommended, but all users and health, we must be aware of the importance of it for both their own benefit and for the Community and the constraints that this imposes on our country¹⁴⁻¹⁵. Vaccinations in the Spanish National Health System are part of the service portfolio that is approved by the Interterritorial Council¹⁶. Are the autonomous communities that offer this service and they have the power to set their calendars, which are financed in substantial part by the public health system. While there are still challenges ahead vaccination coverage in Spain¹⁷⁻¹⁸, despite not mandatory, it is superior to that of some countries where it is compulsory vaccination. This is due among other reasons to the involvement of health professionals, institutional promotional campaigns, the diffuser, educational and informative role of scientific societies and the gratuitousness of the vaccines of the official calendar¹⁹⁻²⁰. But in our view is the widespread acceptance of vaccines and the weaknesses of the movement against what qualifies them substantially implantation²¹.

We must not abandon our responsibility to understand the motivations of patients, their preferences, their values and their limitations. Face confrontation is essential empathy that allows us to explore the emotions of the people who trust us with their health and validate their feelings, although we do not agree with their point of view. Understand and not judge are the bases. For this it is essential, mainly in the field of primary care, improve our communication skills and acquire deliberative habits in order to achieve the desired results in a climate of respect objectives. All need to devote time, which is "gold" for a clinical care and must be a priority commitment to health education of the population.

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