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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:

IN SUPPORT OF VACCINATION

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It is clear that the field of vaccinology has been one of the most dynamic in contemporary scientific production during the last two decades, and this is supported by Eiros et al in this current issue¹. The WHO Global Vaccine Action Plan, approved by the 194 Member States of the World Health Assembly in May 2012, has the ambitious aim of achieving universal vaccination worldwide by 2020².

The availability of new vaccines in the recommended calendars is a matter with unquestionable ethical implications that exceed the scope of the health-patient relationship. It demands an exercise of prudence and critical positioning, similar to that adopted with drug innovations or new technologies³. It must be regulated by the criteria of effectiveness, safety, and efficiency, based on scientific evidence and by solid post-marketing surveillance systems⁴. The opportunity cost analysis is essential in this process, as well as in the approach to possible conflicts of interests.

On carrying out vaccination programming strategies, account must be taken of the major needs and problems of disadvantaged, socially excluded groups with low resources, where it is more common to find deficiencies in vaccination, either due to difficulties of access or due to other causes⁵. In a society where the dynamics of the information is vertiginous, they lack clear content that may support the benefits of vaccination. Few measures such as this, in public health, have contributed to the control of infectious diseases and to the improvement in the quality of life all over the world, and to the reduction in child mortality and morbidity⁶.

When a new vaccine is included in the calendar, the information that is provided to the population by the health administrations, the pharmaceutical companies, and by the health professionals is of special relevance, as well as that echoed in the communication media and their appropriate political evaluations⁷.

As regards children, the paediatricians and other health professionals play a fundamental role in the decision by the parents about the vaccine. When a parent decides not to vaccinate, mention is usually made of the health professionals of their area as the main and most direct source of information.

The widespread use of the internet with a huge amount of non-contrasted information contributes to spreading erroneous ideas and myths about vaccines⁸.

The anti-vaccination movements put forward arguments that are in many cases refuted by science,

as well as the supposed relationship of autism with the measles, mumps, and rubella vaccine that is prescribed to children during their second year of life. The frivolous management of the risks of vaccination, being supported in the arguments with a limited scientific basis, generates uncertainty and loss of confidence in the recommendations by the professionals. The same happens in the vaccination of the adult and the elderly, or in situations such as the pregnant women or the traveller, where the doctors, from those dedicated to family medicine to the geriatricians or obstetricians, as well as a wide range of specialties must maintain an active and truthful posture⁹.

It is important to note that, unlike other countries, vaccination is not obligatory in Spain, but is recommended. Everybody, as users and health personnel, must be aware of the importance of this for the benefit of the individual as well as for the Autonomous Community. The vaccinations in the Spanish National Health Service, in the paediatrics field, form part of the list of services approved by the Interterritorial Council¹⁰. An agreement has been reached for a common calendar for paediatrics, although there are Autonomous Communities that offer this service and have the ability to establish specifications, for which a substantial part is funded by the public health system.

Although there are still challenges, vaccine cover in Spain, despite not being obligatory, is superior to some countries where vaccination is mandatory. This must be due, among other reasons, to the involvement of the health professionals, promotion campaigns by the institutions, and to the training and informative role of the scientific societies¹¹, as well as to the vaccines of the official calendar being free. But, in our opinion, it is the general acceptance of the vaccines and the weakness of the movements against them that substantially strengthens its implementation¹².

We must not relinquish our responsibilities of understanding the motivations of the patients, their preferences, their values, or their limitations. Empathy is essential when facing confrontation. This enables us to examine perceptions of the people that entrust us with their health, and assess their feelings, although we may not agree with their point of view. To understand and not to judge are the mainstays. For this, it is essential to improve our communication skills, and acquire deliberation abilities in order to achieve the desired objectives in a climate of respect. All of this requires dedicating time for clinical care and for health education of the population.

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