

Abstract

In support of increased education on the risks of pediatric vaccination abstinence and to support recommendations made by the Centers for Disease Control and Prevention regarding pediatric vaccination

This resolution advocates for the NSNA to provide increased education to nursing students regarding the serious risks of pediatric vaccination abstinence particularly of the Measles, Mumps, and Rubella (MMR) vaccine. Since the publication of former doctor Andrew Wakefield's paper falsely linking receipt of the MMR vaccine with autism development in children, there has been a marked increase in pediatric vaccination abstinence, and consequently, in incidence rates of measles, mumps, and rubella in the US population. Through support and advocacy of this resolution, NSNA empowers nursing students to be fully aware of current authoritative medical opinion regarding pediatric vaccination abstinence, and to be able to use that knowledge to inform and empower others including fellow nursing students, nurses, ancillary personnel, and patients.

TOPIC: IN SUPPORT OF INCREASED EDUCATION ON THE RISKS OF PEDIATRIC VACCINATION ABSTINENCE AND TO SUPPORT RECOMMENDATIONS MADE BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION REGARDING PEDIATRIC VACCINATION

SUBMITTED BY: New Jersey Nursing Students, Inc.

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WHEREAS, in the United States, the controversial measles, mumps, and rubella (MMR) vaccination has been instrumental in reducing pediatric and adult death and disability (Centers for Disease Control and Prevention, 2013b); and

WHEREAS, in 1998, Andrew Wakefield, a British former surgeon and medical researcher, published a fraudulent paper advancing the now-discredited claim that the MMR vaccine could cause autism (Godlee, Smith, & Marcovitch, 2011); and

WHEREAS, the medical journal that published the research paper immediately and fully retracted the paper in 2010 upon the British General Medical Council's findings of misconduct, dishonesty, and abuse of developmentally delayed children, resulting in Wakefield's removal from the UK Medical Register in the spring of 2010 and his subsequent ban from the practice of medicine (General Medical Council, 2010); and

WHEREAS, independent investigations by the Centers for Disease Control and Prevention (2013d), the American Academy of Pediatrics (2013), the Institute of Medicine (2004), and the Cochrane Institute (Demicheli, Rivetti, Debalini, & Di Pietrantonj, 2012) found no significant link between the vaccine and autism. Possible side effects of the vaccine range from local pain, induration, and edema to rare systemic reactions such as anaphylaxis with potential side effects occurring more frequently in those who are receiving their first exposure to measles, mumps, and rubella antigens (Dart, 2004); and

WHEREAS,

in 1999, the Public Health Service, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration called for a reduction or elimination of thimerosal (a mercury based preservative) from vaccines as a precautionary measure. This action led to the formation of parent based advocacy groups who then speculated that thimerosal was a causative factor in autism, and popularized this idea with other parents involved in the “alternative” autism community (Baker, 2008). However, a 1999 FDA comprehensive review of the use of thimerosal in childhood vaccines found that adverse reactions to thimerosal were limited to localized hypersensitivity reactions (U.S. Food and Drug Administration, 2012). Furthermore, thimerosal, the contested substance claimed to cause autism with regard to pediatric vaccinations, is not and has never been present in any available formulations of the MMR vaccine (Centers for Disease Control and Prevention, 2011); and

WHEREAS,

after the publication of Wakefield’s 1998 article, vaccination rates for MMR in the UK dropped from 91% prior to 1998 to a low of 80% in 2003-2004 (The Health and Social Care Information Center, 2009); in 2013, the United States witnessed its largest outbreak of measles since 1996 (Centers for Disease Control and Prevention, 2014). Of these measles cases in 2013, 91% of persons were either not vaccinated or had unknown vaccination status. Furthermore, of those not vaccinated, 79% were not vaccinated due to objections held either by themselves or by their legal guardians (Centers for Disease Control and Prevention, 2013a); and

WHEREAS,

the physical, social, and emotional costs of measles, mumps, and rubella are significant: permanent and debilitating conditions such as encephalitis may occur in the aftermath of these diseases leaving the afflicted person with significant and permanent brain damage (2013e). Ninety percent of infants born to rubella infected mothers in their first trimester will develop congenital rubella syndrome, which may result in deafness, blindness, mental retardation, heart defects, miscarriage, and death (Centers for Disease Control and Prevention, 2013e); and

WHEREAS,

rubella, previously declared to be nearly eliminated in 2004, after implementation of the MMR vaccination program, has returned. During 2004-2012, 79 cases of

rubella and six cases of congenital rubella syndrome have been reported in the United States (Centers for Disease Control and Prevention, 2013c); and

WHEREAS, the theory of herd immunity states that chains of infection are more likely to be broken when a significant number of the population is either immune or resistant to the infection. Since only a small percentage of the population may safely be left unvaccinated, those protected by herd immunity usually have good reason not to be vaccinated: these individuals are those with an immune disorder, organ transplant recipients, persons with life-threatening allergies, infants too young to be vaccinated, and those with extremely serious medical conditions (The National Institute of Allergy and Infectious Diseases, 2013). To maintain herd immunity against the diseases targeted by the MMR vaccine, vaccination rates within a given population must be relatively high, namely, 83-94% for measles, 75-86% for mumps, and 83-85% for rubella (Centers for Disease Control and Prevention & World Health Organization, 2007). When herd immunity is disrupted through the actions of those who willfully do not vaccinate, these populations are put at significant risk of death, disability, and life-long debilitating medical conditions (The National Institute of Allergy and Infectious Diseases, 2013); and

WHEREAS, the Centers for Disease Control and Prevention (CDC) support the Institute of Medicine conclusion that the MMR vaccine does not cause autism in children; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) supports education for all nursing students, registered nurses (RN), and all other nursing personnel on the harmful consequences of delaying and/or abstaining from pediatric vaccinations, most particularly the MMR vaccine; and be it further

RESOLVED, that education be offered regarding scientifically accurate data pertaining to the MMR vaccine and autism; and be it further

RESOLVED, that the NSNA offers education for its constituents regarding the importance of the MMR pediatric vaccine through publications, breakout sessions, poster

presentations, PowerPoint presentations, publication in *Imprint*, or any other means deemed appropriate by the NSNA board of directors, if feasible; and be it further

RESOLVED, that the NSNA sends a copy of this resolution to the American Nurses Association, the National League for Nursing, the National Council of State Boards of Nursing, the American Hospital Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Centers for Medicare and Medicaid Services, the Society of Pediatric Nurses, Sigma Theta Tau International, the National Association of School Nurses, and all others deemed appropriate by the NSNA Board of Directors.

References

- American Academy of Pediatrics. (2013). *What parents should know about measles-mumps-rubella (MMR) vaccine and autism*. Retrieved from <http://www2.aap.org/immunization/families/autismfacts.html>
- Baker, J. P. (2008). Mercury, vaccines, and autism. *American Journal of Public Health*, 98(2), 244–253. doi:10.2105/AJPH.2007.113159
- Centers for Disease Control and Prevention, & World Health Organization. (2007). *History and epidemiology of global smallpox eradication*. Retrieved from <http://www.bt.cdc.gov/agent/smallpox/training/overview/pdf/eradicationhistory.pdf>
- Centers for Disease Control and Prevention. (2011). *Frequently asked questions about thimerosal*. Retrieved from http://www.cdc.gov/vaccinesafety/concerns/thimerosal/thimerosal_faqs.html
- Centers for Disease Control and Prevention. (2013a). *Measles — United States, January 1–August 24, 2013*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a2.htm>
- Centers for Disease Control and Prevention. (2013b). *Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013 summary recommendations of the ACIP*, 62(RR04). Retrieved from <http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>
- Centers for Disease Control and Prevention. (2013c). Three cases of congenital rubella syndrome in the postelimination era—Maryland, Alabama, and Illinois, 2012. *Morbidity and Mortality Weekly Report*, 62(12), 226–229. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6212a3.htm>
- Centers for Disease Control and Prevention. (2013d). *Vaccines not associated with risk of autism*. Retrieved from <http://www.cdc.gov/vaccinesafety/Concerns/Autism/antigens.html>

- Centers for Disease Control and Prevention. (2013e). *What would happen if we stopped vaccinations?*
Retrieved from <http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm>
- Centers for Disease Control and Prevention. (2014, January 24). *Measles outbreaks*. Retrieved from
<http://www.cdc.gov/measles/outbreaks.html>
- Dart, R. C. (2004). *Medical toxicology* (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Demicheli, V., Rivetti, A., Debalini, M. G., & Di Pietrantonj, C. (2012). Vaccines for measles, mumps
and rubella in children. *Cochrane Database of Systematic Reviews*, 2. DOI:
10.1002/14651858.CD004407.pub3.
- General Medical Council. (2010). *Determination on serious professional misconduct (spm) and
sanction*. Retrieved from [http://www.gmc-
uk.org/Wakefield_SPM_and_SANCTION.pdf_32595267.pdf](http://www.gmc-uk.org/Wakefield_SPM_and_SANCTION.pdf_32595267.pdf)
- Godlee, F., Smith, J., & Marcovitch, H. (Eds.). (2011). Wakefield's article linking MMR vaccine and
autism was fraudulent. *BMJ*, 342,7452. doi:10.1136/bmj.c7452
- Institute of Medicine. (2004). *Immunization safety review: Vaccines and autism* (No. 8). Retrieved from
<http://www.iom.edu/Reports/2004/Immunization-Safety-Review-Vaccines-and-Autism.aspx>
- The Health and Social Care Information Center. (2009). *NHS Immunisation Statistics*. Retrieved from
<http://www.hscic.gov.uk/catalogue/PUB00220/nhs-immu-stat-eng-2008-2009-rep.pdf>
- The National Institute of Allergy and Infectious Diseases. (2013). *Community immunity ("Herd
immunity")*. Retrieved from <http://www.vaccines.gov/basics/protection>
- U.S. Food and Drug Administration. (2012, June 20). *Thimerosal in vaccines*. Retrieved from
<http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228>