

Herd immunity

"She became sweaty, and she was shaking. My daughter's not going to have any more of them." Caller, ABC Radio National, PM, 'Calm urged over Gardasil vaccinations', Tuesday 22 May 2007.

According to ABC Radio National's PM, '26 Melbourne schoolgirls felt faint or suffered mild paralysis' following injection with the quadrivalent human papillomavirus (HPV) vaccine Gardasil®.¹ Professor Ian Frazer, Health Minister Tony Abbott, and Prime Minister John Howard all weighed in behind the vaccine. It has shown safety and efficacy in clinical trials.² These 'reactions' were likely fainting episodes related to needle phobia.

There has been a frenzy of concern about the safety of Gardasil. Renate Klein and Melinda Tankard Reist wrote in *The Age* about a lack of trial data and concerns that Australia is in a premature rush to be the first country to provide a fully funded immunisation campaign.³ The consumer group 'Inform yourself' has posted a warning about Gardasil on its website. It points at research which queries causation of cervical cancer by HPV and describes concerns about the safety of the vaccine.⁴

Some reporters described this concern over Gardasil as 'hysteria'. The word hysteria has always made me a little uncomfortable especially when it relates to women's experience of medical care; Freud's madness of women, from the Latin *hystericus* meaning 'of the womb'. I wondered if the picture would have been any different if it was 13 year old boys who faced the pointy end of the needle?

By contrast, I was involved in a Gardasil clinic for women aged 18–26 years in my general practice. I saw 20 patients and there were no reactions, no 'hysteria', no syncopal episodes. But what surprised me was how little these women knew about the vaccine, despite the information provided on booking, and in the waiting room. Only two out of 20 women knew that it was 'something to do with cervical cancer'. The rest simply shrugged, 'I know I have to have it'.

I gave the Department of Health and Aging endorsed explanation: that Gardasil vaccinates against four types of HPV, the relationship between HPV and cervical cancer, the need for Pap tests, contraindications and side effects. When I finished the explanation I asked if the women were happy to proceed. They seemed surprised. They did not know they had a choice in the matter.

The women bared their upper arms and turned away. Flesh was punctured and pressure applied with cottonwool.

The term 'herd immunity' stuck in my mind as the afternoon wore on, the patter becoming more and more rehearsed, the process feeling more and more like an assembly line.

This 'herd' was a group of young adult women, recent school leavers. I was amazed that they seemed to have no idea that they had a choice about whether they received the vaccine; and therefore had not bothered to become informed about it.

Does the need for adequate 'herd' immunity require that people are treated as a 'herd'? Clinics and *en masse* school based vaccination programs are essential public health measures. However, education is also important. Especially for new vaccines. Especially for Gardasil, which is more complex than the usual 'this needle will stop you from getting that disease'.

The schoolgirls were vaccinated *en masse*. And now mums of some of the fainting girls, like the ABC caller, may stop them from getting the second and third dose of the vaccine. And presumably not because of any concern about vaccination *per se*. They allowed the girls to have the first needle. They are stepping out of the 'herd' because of a misplaced fear that this vaccine is doing them harm.

The older girls who came for the vaccine because they 'had to' are of equal concern. It is difficult to adequately educate someone who thinks they have no choice and therefore has no use for information.

The schoolgirls will get their second dose soon. I can only assume that a few will get to stay behind in the classroom and dodge the needle. In a month or so the 18–26 years of age women will come back for the second dose because 'they have to'. The whole process makes me wonder: Can we do this better? Can we find a balance between mass efficiency in public health and the need of individual patients to have informed control over their bodies?

References

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