

Providence Medical Center
Saint John Hospital
St. Francis Health Center
Holy Rosary Healthcare
St. James Healthcare
St. Vincent Healthcare
Saint John's Health Center
St. Mary's Hospital
Duchesne Clinic
Saint Vincent Clinic
Marian Clinic
Marillac Clinic
Exempla Good Samaritan Medical Center
Exempla Lutheran Medical Center
Exempla Saint Joseph Hospital

Immunizations and vaccine origin: What is a socially just public health response to ethical-moral concerns?

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Sisters of Charity
of Leavenworth
Health System

*We are a faith-based,
mission driven
healthcare organization.*

Mary E. Homan, MA

**The following personal financial relationships
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No relationships to disclose

Financial Disclosure



2

Learning Objectives

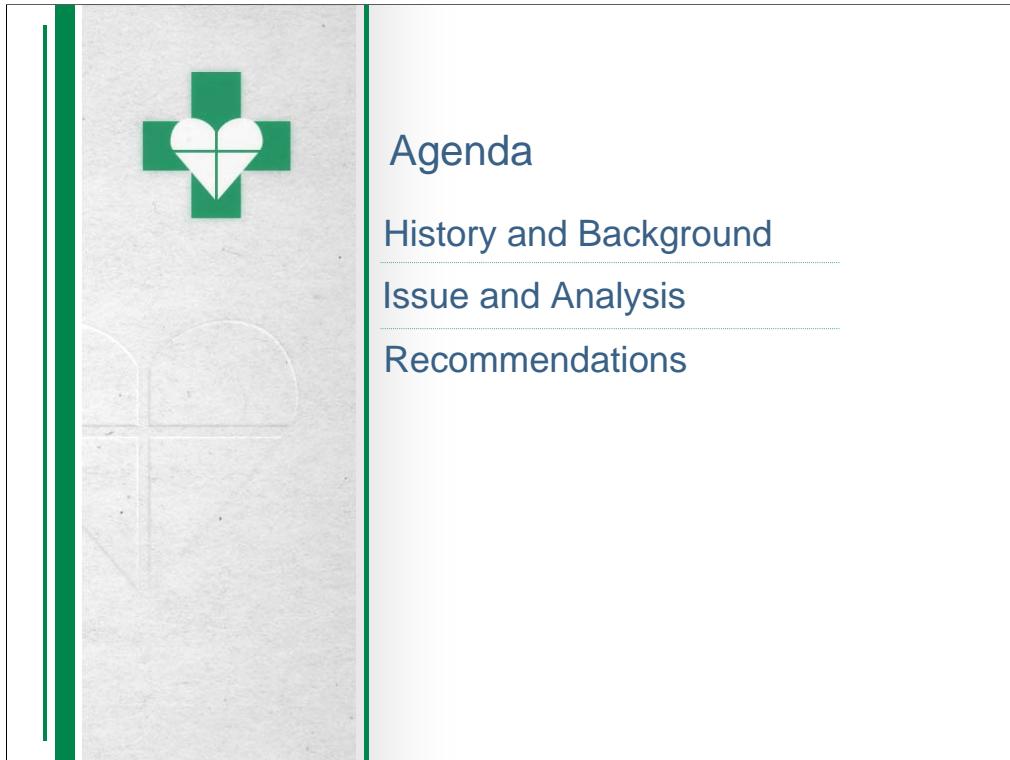
- Identify the ethical issues surrounding immunization.
 - Explain moral objections to certain CDC recommended vaccines.
- Articulate public health's role in promoting vaccination coverage.
 - Apply the four principles of Beauchamp & Childress¹ to the issue.
- Equip public health professionals with tools of moral reasoning to bridge the gap between science and religious understandings of childhood vaccination.

Learning Objectives



3

1. Beauchamp TL. Principles of Biomedical Ethics. 6th ed. New York: Oxford University Press; 2009.



Agenda

History and Background

Issue and Analysis

Recommendations

History & Background



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Aborted Fetal Cell Lines

▪ WI-38² (1962)

- Hayflick first reported³ human diploid cells could be used for tissue culture vaccine manufacture for oral polio vaccines.⁴
- Strain derived from lung cells from a female fetus of 3-months gestation.

▪ MRC-5⁵ (1967)

- Developed from lung cells from a 14-week-old male fetus by Jacobs.
- Essentially utilized the technology developed by Hayflick but at a different chemical value.

▪ RA 27/3⁶ (1969)

- Isolated directly from a tissue explant for a therapeutically aborted fetus because of laboratory-confirmed rubella.⁷

History & Background



6

2. From the 38th fetus in the series from women who had no family history of cancer, a cell strain was cultured from the lung which had optimal characteristics of cell growth and viral susceptibility. Plotkin SA. Vaccine production in human diploid cell strains. Am. J. Epidemiol. 1971 Oct;94(4):303-306.
3. L Hayflick, SA Plotkin, TW Norton, et al, "Preparation of Poliovirus Vaccines in Human Fetal Diploid Cell Strains," *American Journal of Hygiene* 75 (1962):240-258.
4. Note: these abortions were not *procured* for the sake of the research or the development of vaccinations. "The decision to abort was independent of the desire to make use of fetal tissue. In other words, the abortions would have taken place whether or not the cell-line research would have followed." See Maher DP. Vaccines, abortion, and moral coherence. Natl Cathol Bioeth Q. 2002;2(1):51-67. See also National Network for Immunization Information. Human Fetal Links with Some Vaccines [Internet]. 2008 [cited 2010 Oct 24]. Available from: <http://www.immunizationinfo.org/issues/vaccine-components/human-fetal-links-some-vaccines> "The cellular biologists who made the cell cultures did not induce the abortions."
5. Jacobs JP, Jones CM, Baille JP. Characteristics of a human diploid cell designated MRC-5. Nature. 1970 Jul 11;227(5254):168-170.
6. Plotkin SA, Farquhar JD, Katz M, Hertz C. Further studies of an attenuated rubella strain grown in WI-38 cells. Am. J. Epidemiol. 1969 Feb;89(2):232-238.
7. "The virus that led to the only rubella vaccine available in the United States and that is widely used overseas (Meruvax II, Merck) came from tissues obtained at the time of an abortion performed on a rubella virus-infected mother." National Network for Immunization Information. Human Fetal Links with Some Vaccines [Internet]. 2008 [cited 2010 Oct 24]. Available from: <http://www.immunizationinfo.org/issues/vaccine-components/human-fetal-links-some-vaccines>

1962-1965 Rubella Epidemic^{11,12}

- Estimated 12.5 million rubella cases occurred in the United States.
- 2,000 cases of encephalitis
- 11,250 therapeutic or spontaneous abortions
- 2,100 neonatal deaths
- 20,000 infants born with Congenital Rubella Syndrome.
 - 11,600 children with deafness
 - 3,580 cases of blindness in children
 - 1,800 cases of mental retardation in children

History & Background



7

11. Richard Kent Zimmerman's "Ethical Analyses of Vaccines Grown in Human Cell Strains Derived from Abortion: Arguments and Internet Search," *Vaccine* 22 (2004): 4242.
12. Plotkin SA, Reef S. Rubella vaccine. In: Plotkin SA, Orenstein WA, eds. 1. *Vaccines* 4th ed. Philadelphia: WB Saunders; 2004:707–43.

Rubella after Vaccine Licensure

- Number of reported cases of CRS in the United States has declined 99%, from 77 cases in 1970 to one imported case in 2004.^{13,14}
- During 1998–2004, 28 cases of CRS were reported to the National Congenital Rubella Syndrome Registry (NCRSR).
 - Five of these were in infants born during 2001–2004.
 - 26 (93%) of the 28 cases occurring during 1998–2004 in which the mother's country of birth was known, the mother was born outside the United States.
 - Of the 24 CRS cases with known import status occurring during this time, 12 (50%) were imported.

History & Background



8

13. Cochi SL, Edmonds LE, Dyer K, Greaves WL, Marks JS, Rovira EZ, et al. Congenital 2. rubella syndrome in the United States, 1970–1985. On the verge of elimination. *Am J Epidemiol* 1989; 129:349–61.
14. Reef SE, Redd S, Abernathy E, Zimmerman L, Icenogle J. The epidemiology of rubella 3. and congenital rubella syndrome in the United States from 1998–2004: The evidence for absence of endemic transmission. *Clin Infect Dis* 2006; 43 Suppl 3:S126–32.



The Issue:

Immunizations and
vaccine origin: What is a
socially just public health
response to ethical-
moral concerns?



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The Issue

- Right-to-life groups have advocated for religious exemptions to mandatory vaccinations because of the process used to originally obtain these cell lines.
 - Such groups call for parents' moral obligation to refuse certain vaccinations for their children.
- Researchers affiliated with the National Immunization Program state that parents who claim philosophical and/or religious exemptions "may create some risk to the community because unvaccinated or undervaccinated persons may be a source of transmission."¹⁵

The Issue



10

15. Salmon DA, Haber M, Gangarosa EJ, Phillips L, Smith NJ, Chen RT. Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risk of measles. *JAMA*. 1999 Jul 7;282(1):47-53.

Vaccines Derived from Aborted Fetal Cell Lines

Disease	Vaccines containing aborted fetal cell lines ⁸ (Sponsor)	CDC Federal Contract Vaccines ⁹ Product Name (Trade Name, Sponsor)
Polio	Pentacel® (Sanofi Pasteur) POLIOVAX (Poliovirus Vaccine Inactivated, Sanofi Pasteur Ltd, not available) QUADRACEL® ^a (Sanofi Pasteur Ltd, Toronto, Ontario, Canada)	DTaPIPHI (Pentacel®, Sanofi Pasteur) ^b
MMR	M-M-RII® (Merck & Co., Inc) PRIORIX® (GlaxoSmithKline Australia)	MMR (M-M-RII®, Merck & Co., Inc.) ^c
Varicella	VARIVAX® (Merck & Co., Inc.) ProQuad® (Merck & Co., Inc)	Varicella (VARIVAX®, Merck & Co., Inc) MMRV (ProQuad®, Merck & Co., Inc)
Hepatitis A	VAQTA® (Merck & Co., Inc) HAVRIX® (GlaxoSmithKline Biologicals) TWINRIX® (GlaxoSmithKline Biologicals) AVAXIM® (Sanofi Pasteur SA) Epaxal® (Crucell) ViVAXIM®^d (Sanofi Pasteur SA)	Hepatitis A (VAQTA®, Merck & Co., Inc) Hepatitis A & Hepatitis A-AD (HAVRIX®, GlaxoSmithKline Biologicals) Hepatitis AB (TWINRIX®, GlaxoSmithKline Biologicals)
Rabies	IMOVAX® Rabies (Sanofi Pasteur SA) (FDA Approved)	
Shingles	ZOSTAVAX® (Merck & Co., Inc)	Zoster (ZOSTAVAX®, Merck & Co., Inc)
Rubella	MERUVAX® II (Merck & Co., Inc)¹¹ (FDA approved)	

The Issue

11

8. Children of God for Life. US and Canada Aborted Fetal Vaccines : In Pediatric Immunization Schedule Format [Internet]. 2009 Nov [cited 2010 Oct 24];Available from: <http://www.cogforlife.org/vaccineList.pdf>
9. Centers for Disease Control and Prevention. CDC Federal Contract Vaccines Availability, Packaging and NDC List [Internet]. Vaccines & Immunizations. 2010 Apr 21 [cited 2010 Oct 24];Available from:
<http://www2a.cdc.gov/nip/NDCVaccines/NDCVacc.asp>
 - a. Pertussis Vaccine – Acellular and Diphtheria and Tetanus Toxoids (Adsorbed) Combined with Inactivated Poliovirus Types 1, 2 and 3 (MRC-5 Cell),
<http://www.public.health.wa.gov/cproot/2205/2/QUADRACEL%20CMI%20for%20AUS.pdf>
 - b. Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine Combined
 - c. Measles, Mumps, and Rubella Virus Vaccine Live
 - d. Combined purified Vi Polysaccharide Typhoid and Inactivated Hepatitis A vaccine
10. “The virus that led to the only rubella vaccine available in the United States and that is widely used overseas (Meruvax II, Merck) came from tissues obtained at the time of an abortion performed on a rubella virus-infected mother.” National Network for Immunization Information. Human Fetal Links with Some Vaccines [Internet]. 2008 [cited 2010 Oct 24]. Available from:
<http://www.immunizationinfo.org/issues/vaccine-components/human-fetal-links-some-vaccines>



Analyzing the Issue with the Four Principles of Biomedical Ethics



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Four Principles Approach to Bioethics

- Autonomy
 - Nonmaleficence
 - Beneficence
 - Justice
-
- Provide a simple, accessible, and culturally neutral approach to thinking about ethical issues in healthcare.¹⁶

Four Principles Approach



13

16. Gillon R. Medical ethics: four principles plus attention to scope. BMJ. 1994 Jul 16;309(6948):184-188.

Autonomy

- Emphasizes the personal responsibility we have for our own lives, to make our own decisions, and to control what is done to ourselves.
- The Roman Catholic Pontifical Academy for Life asserts¹⁷ that the head of the family may make a reasonable autonomous decision based on conscience not to vaccinate a child.
 - However, the Academy observes that one can only do so without causing the children or the population to undergo significant risks to their health.

Four Principles Approach



14

17. Pontifical Academy for Life. Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Foetuses [Internet]. 2005 Jun 5 [cited 2010 Oct 24]; Available from:
<http://www.academiatavita.org/template.jsp?sez=Documenti&pag=testo/vacc/vacc&lang=english>

Nonmaleficence

- Imposes the obligation not to harm someone intentionally or directly.
- In 2009, Anikeeva et al proposed that in the case of mandatory influenza vaccinations, nonmaleficence may be interpreted to mean that health care workers are duty-bound not to place patients at undue risk.¹⁸
- Therefore, it would seem possible that a parent, recognizing the risk that certain viruses have on unborn fetuses would choose then to vaccinate their own child out of a duty to protect the unborn.

Four Principles Approach



15

18. Anikeeva O, Braunack-Mayer A, Rogers W. Requiring influenza vaccination for health care workers. Am J Public Health. 2009 Jan;99(1):24-29.

Beneficence

- Positive expression of nonmaleficence.
- Not simply the personal ethics of choosing to use a vaccine derived from fetal cell lines.
- The evident health benefits that must be considered are not just those of one's own children but also those of the greater community to which the children belong.¹⁹
- Engages a positive obligation to advance the health interests and welfare of others, to assist others in their choices to live life to the fullest.

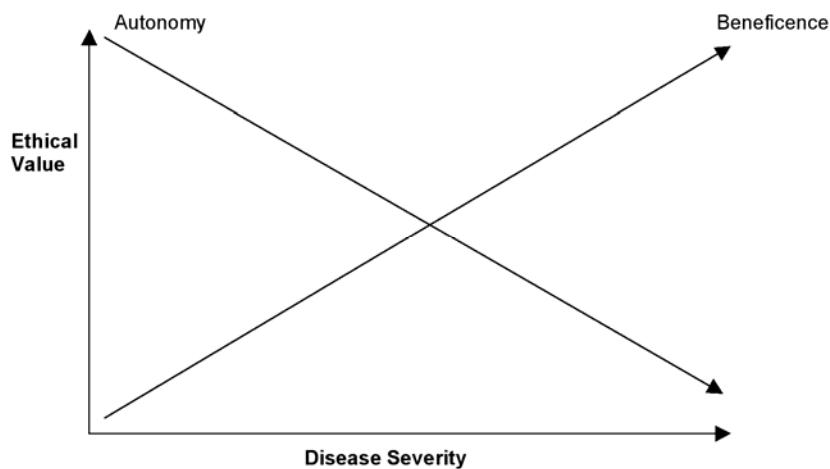
Four Principles Approach



16

19. Maher DP. Vaccines, abortion, and moral coherence. *Natl Cathol Bioeth Q.* 2002;2(1):51-67.

Beneficence vs. Autonomy²⁰



Field RI, Caplan AL. A proposed ethical framework for vaccine mandates: competing values and the case of HPV. Kennedy Inst Ethics J. 2008 Jun;18(2):111-124.

Four Principles Approach



17

20. Field RI, Caplan AL. A proposed ethical framework for vaccine mandates: competing values and the case of HPV. *Kennedy Inst Ethics J.* 2008 Jun;18(2):111-124. "The interest in beneficence can be represented with a line that slopes in the opposite direction (Figure 1). When the risk of harm from a disease is low, there is little need to help those who are susceptible. As the risk increases in terms of the severity of the disease, the interest in intervening on their behalf, for example by forcing them to receive a vaccination, rises along with it."

Justice

- Often equated with fairness or equity on the individual level.
- The “common good” requires a broader social commitment
 - Creating the social conditions that allow people to reach their full human potential and to realize their human dignity.²¹
- Individual citizens and intermediate groups are obligated to make their specific contributions to the common welfare.²²
- Parents have a moral obligation to vaccinate their children because “they cannot endanger the lives of others in the community.”²³

Four Principles Approach



18

21. Byron WJ. Ten Building Blocks Of Catholic Social Teaching. America. 1998 Oct 31;179(13):9-12.
22. Pope John XXIII, Encyclical Letter *Pacem en terris*, 11 April 1963, 53.
23. Signs of the Times. America. 2000 Mar 4;182(7):4.



Public Health and Social Justice:

What is a socially just
public health response to
ethical-moral concerns?



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Convergence of Public Health and Moral Reasoning

- The success of public health relies on individuals recognizing the value of community interest as well as self-interest.²⁴
- No further harm is generated by the use of these vaccines nor, more importantly, “no obvious good is necessarily achieved by refusing it.”²⁵

Recommendations & Conclusions



20

24. Kahn J. An unprotected public. Am J Bioeth. 2008 Jun;8(6):3-4.

25. Maher DP. Vaccines, abortion, and moral coherence. Natl Cathol Bioeth Q. 2002;2(1):51-67.

Recommendations

- Responsibilities of public health professionals
 - Translate and disseminate scientific and ethical aspects of vaccine development and immunization practices to the general public, legislators, religious groups, health care providers.
 - Share readily available statistics and figures reasonably understandable to ordinary people.
 - Be candid about the risks and benefits surrounding immunizations.
 - Understand and respect the religious beliefs underlying immunization issues.
 - Engage public groups in ethical dialogue.

Recommendations & Conclusions



21

Recommendations

- Responsibilities of health care providers
 - Supply accurate information so parents and guardians may make informed decisions.
 - Be candid about the risks and benefits surrounding immunizations.
 - Notify patients and their decision-makers of the vaccine's components.
 - Have readily available statistics and figures reasonably understandable to ordinary people.
 - Understand and respect the religious beliefs underlying the issue.

Recommendations & Conclusions



22

Recommendations

- Responsibilities of parents and guardians
 - Seek accurate information from medically appropriate sources.
 - Ask the physician about the vaccine, its components, side-effects, and other aspects.
 - Understand what their religious tradition actually teaches about the issue.
 - Encourage the development of ethical vaccines.

Recommendations & Conclusions



23

Conclusions

- No further harm is generated by the use of these vaccines nor, more importantly, “no obvious good is necessarily achieved by refusing it.”²⁶
- An individual can benefit from an unjust or immoral act without approving of, or cooperating with, that act.²⁷
- Society has the right and the duty to protect itself.²⁸

Recommendations & Conclusions



24

26. Maher DP. Vaccines, abortion, and moral coherence. *Natl Cathol Bioeth Q.* 2002;2(1):51-67.
27. Schleppenbach G. The Moral Dimensions of Using Vaccines Originating in Induced Abortion [Internet]. Life Insight. 2000 Mar 17 [cited 2010 Oct 24]; Available from: http://www.nebcathcon.org/column-life_insight.htm#3-17
28. Pope John Paul II. Evangelium vitae [Internet]. 1995 Mar 3 [cited 2010 Oct 24]; Available from: http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

Questions

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25