Anthrax row is not immune to wild claims of anti-vaccine lobby

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The decision of sailors on Australian warships in the Persian Gulf to refuse anthrax vaccination raises some interesting questions about the safety of the anthrax vaccine and our often-contradictory response to health risks.

The action of Able Seaman Simon Bond of HMAS *Kanimbla* and the surrounding publicity is unprecedented in Australia. But for some years, lobby groups of servicemen and women in the United States have opposed the vaccine believing that it causes the host of symptoms known as "Gulf War Syndrome" which includes chronic fatigue, headaches, muscle pain, skin rashes, hair loss, memory loss and other symptoms.

While this is a real syndrome, the best evidence indicates there is no link to anthrax vaccination. In fact, there is substantial evidence affirming the safety and efficacy of anthrax vaccination for people at high risk, such as military personnel.

Last year, the US Institute of Medicine released a report concluding that, "people receiving the vaccine do not face an increased risk of life-threatening or permanently disabling effects".

But this has not deterred lobby groups in the US which continue to assert their claims and lobby on behalf of military personnel. Joining their opposition is a small but vocal anti-vaccination lobby which claims vaccines cause anything from asthma to cancer.

Controversies about vaccine safety arise from time to time. They are often the result of a scientist or disease-specific patient support group whose vivid claims capture the imagination of the public, spread rapidly and cause unfounded alarm.

For example, the recent scare about the unproved link between the measles mumps rubella (MMR) vaccine and autism, which caused unnecessary distress to numerous parents. This hysteria spread despite overwhelming evidence affirming the safety of the MMR vaccine.

The role of the anti-vaccination lobby in spreading myths about vaccination should not go unacknowledged. Such groups will welcome the opportunity to lobby against all vaccines and Australia's anti-vaccination lobby, co-ordinated from northern NSW, is very active and strategic in publicising its claims.

The Internet is also a hotbed of anti-vaccination information and people such as Bond wanting to research vaccination will quickly find a barrage of "studies", personal stories and advice.

It is difficult for people with limited skills in discerning strong from weak epidemiological evidence and often no medical background, to make informed decisions. The decision to be vaccinated often boils down to trust and some find it hard to trust orthodox medical opinion.

For others, the compelling testimonies of those claiming to be vaccine victims bring authenticity that seemingly bland assurances from government agencies just can't match.

Very often, facts are not enough to reassure people worried about vaccine safety because their manifest concerns are located in more fundamental issues such as freedom, control or fairness. For Simon Bond the issue was apparently freedom to decline vaccination without threat of retribution.

A broader issue raised here is our often ambivalent response to health risks. On one hand we demand vaccines to fight dangerous and frightening infectious diseases (such as meningococcal C disease) that threaten our sense of safety and security.

On the other hand we worry about vaccines (such as MMR) regardless of the infinitesimal or unproved nature of the risk, ignoring, say, the risk of measles.

A final irony will not be lost on many readers: Bond feels strongly enough about the anthrax vaccine to decline it but was willing to face anthrax itself and other very significant risks to his life while serving in the Persian Gulf.

*Julie Leask, a researcher at the National Centre for Immunisation Research and Surveillance, has just completed a PhD on immunisation controversies.*