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Adverse events following immunisation – a call for a no-fault compensation scheme

Public health experts and practitioners from around the country have called for a no-fault compensation scheme to cover the rare occurrence of serious complications due to receipt of a vaccine. This is different to the usual category of adverse events following immunisation (AEFI), which identifies events possibly - rather than definitely - caused by a vaccine and includes all levels of severity. The call is supported by a resolution of the Public Health Association of Australia (PHAA) 12th National Immunisation Conference held in Adelaide last week. No fault compensation should be built into the development of the new National Immunisation Strategy.

“There is no doubt that the benefits of Immunisation far outweigh the risks,” said Associate Professor Heath Kelly, “however, on the very rare occasions that there is a serious complication occurs, despite proper manufacture and administration of a vaccine, it is only fair that the community should provide for the individual suffering such consequences, as there is a community benefit from as many people as possible being vaccinated”.

The recognition of an unexpected number of febrile convulsions in children following receipt of seasonal influenza vaccines in 2010 brought this issue into sharp relief. Problems with timeliness, completeness and accuracy in existing surveillance systems for AEFI were identified from a review of these schemes around Australia by Drs Jim Buttery and Mike Gold, both plenary speakers at the conference.

Although almost all AEFI result in less severe and temporary harm, on very rare occasions there can be long term consequences for the vaccine recipient and family, such as when paralysis occurs following receipt of an oral polio vaccine – something which no longer occurs in Australia as only fully inactivated (injected) vaccines have been used since 2005.

“Nineteen countries around the world have recognised that children suffering from these rare events are compensated through no-fault compensation schemes,” according to Professor Heath Kelly, who is Head of the Epidemiology Unit at the Victorian Infectious Diseases Reference Laboratory and Associate Professor at the School of Population Health at the University of Melbourne. He added “Germany was the first country to establish such a scheme in 1961 and Hungary most recently implemented its scheme in 2005 and it is well past time for Australia to do the same”.

A systematic review conducted by Dr Clare Looker and Dr Kelly found that these schemes have increased public confidence in vaccine programs in countries where they have been implemented.

No fault implies that an adverse event occurred following correct administration of a properly manufactured vaccine. “Because no fault is involved”, Professor Kelly argued, “recourse to the adversarial legal system is inappropriate. The guiding ethical principle of no fault compensation is that of redistributive justice. This is a critical issue for immunisation programs because immunising an individual also benefits the community. The whole community is protected by ‘herd immunity’ when high numbers of individuals are immunised”.

Three of the invited speakers at the conference were from countries (UK, US and NZ) that have no-fault compensation schemes for AEFI. Although there are administrative and legal details to resolve, it is time to acknowledge that a similar scheme in Australia is overdue.

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