Childhood Vaccination Mandates:

Scope, Sanctions, Severity, Selectivity, and Salience

DR KATIE ATTWELL

SENIOR LECTURER

POLITICAL SCIENCE AND INTERNATIONAL RELATIONS

PROFESSOR MARK NAVIN

PHILOSOPHY

THE UNIVERSITY OF WESTERN AUSTRALIA

The governing of vaccine acceptance

- Free and efficient programs accompanied by persuasion
- "**Permissive**" mandates with philosophical opt-outs
  - Most US states, some Canadian provinces
- "**Restrictive**" mandates with only medical exemptions
  - Australia, Italy, France, California, ?Germany, ?UK

Who is being governed?

Two **under-vaccinated** groups: access and acceptance.

Two **acceptance** sub-groups:

- Rusted on non-vaccinators ("anti-vax")
- Hesitant parents who might be swayed to change their behaviour (against their beliefs?).

What else matters?

Timeliness: vaccines are tested to be most effective at certain time periods. Does the instrument deliver this?

Who's ***excluded***?: does the lever affect all income groups or service users?

Access and acceptance: is the lever aimed at basic social compliance (nudging the vulnerable), or targeting (punishing) refusers?

Our taxonomy

***Scope**:* which vaccines are mandated?
***Sanctions**:* what happens to people who don’t vaccinate?
Severity: how serious are these consequences?
***Selectivity**:* how to enforce or exempt from sanctions?

Determines

Salience: how burdensome is the mandate?

Compare over time and between states

Scope: which vaccines?

Italy's mandated vaccines

- polio, pertussis, diphtheria, tetanus, hepatitis B, Hib, meningococcal B, meningococcal C, measles, rubella, mumps, and varicella (Ministero della Salute 2017).

Belgium's mandated vaccine

- polio (Haverkate 2012).

France moved from 3 to 11 mandatory vaccines (2017) – need to harmonise but risks in removing mandates from 3. New vax?

Sanctions: what happens if you don’t vax?

Legal obligation (fines / imprisonment)

Can be sued

Exclusion from ‘the collective’ (schools, daycares)

Loss of financial entitlements

Selectivity: how and who exempted?

All regimes have **medical** exemptions but even these not all created equal (SB276)

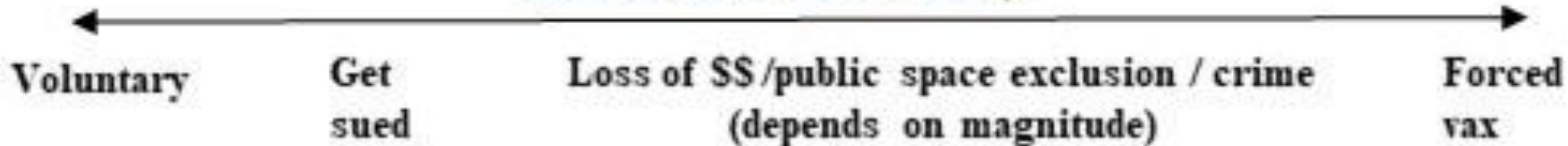
Religious and / or philosophical exemptions.

Ease of accessing (US natural experiment) (Bradford and Mandich 2015)

‘Mirage mandates’ / Megaphone mandates

Scope

Sanctions / Severity



Selectivity

Salience

Determining the salience of mandatory vaccination systems

Salience:
how burdensome
is the policy?

Further considerations

Pragmatic considerations: When Australia abolished conscientious objection, it lost an opportunity for medical professionals to discuss refusers' decisions, and also meant the cessation of data collection on who was refusing vaccines (Leask and Danchin 2017).

Government expenditure or other constraints: Particular instruments or variations may be better for governments because they cost less or are easier to implement (e.g. education programs v simple declarations of objection.)

Alternative modes of governance: Can meet goals of immunization programs through other means – e.g. communications campaign, outreach. May limit reliance on mandates (e.g. UK).

The manufacturing of consent: Squeeze as few people as possible.

Future research: The governance of intermediaries (eg co-opted enforcers)

Thanks!

Please contact me for feedback, references, or to request the paper.

Childhood Vaccination Mandates: Scope, Sanctions, Severity, Selectivity, and Salience

Attwell, K and Navin, M.

The Milbank Quarterly

© 2019 The Milbank Memorial Fund.

Katie.Attwell@uwa.edu.au

DR ATTWELL IS FUNDED BY DE190100158

Australian Government

Australian Research Council