

# Vaccination against diseases for which there are approved vaccines in times of the COVID-19 pandemic

Recommendation of the Bioethics Commission—8 June 2020

The Bioethics Commission already addressed the topic of “Vaccination against infectious diseases transmissible from person to person” in its detailed statement of June 1, 2015, where it considered compulsory vaccination to be ethically justified under certain conditions. The decisive factor for compulsory vaccination is proportionality: “An intervention in the physical integrity of a person seems to be more justified, the smaller the harm potential of the intervention is, the more dangerous the disease appears for the health of the population and the greater the overall benefit of compulsory vaccination is.”

On May 8, 2019, the Bioethics Commission decided in favor of a general obligation to vaccinate against measles in view of the situation at that time. In this statement, the Bioethics Commission called for an evidence-based and regular review in case of extending compulsory vaccination.

The COVID-19 pandemic has prompted the Bioethics Commission to make the following recommendations for vaccination against diseases that, like COVID-19, attack the lungs, and for which there are approved vaccines. This document does not refer to a possible COVID-19 vaccine, which currently does not exist.

## Current situation—what is different today as compared with 2019?

The current pandemic caused by COVID-19 shows in a very dramatic way how quickly the outbreak of infectious diseases endangers people, overburdens health care systems, and can also necessitate drastic restrictions to the personal freedom of individuals in order to prevent broader harm to the population.

These restrictions not only lead to great economic burden. They also significantly affect individual population groups, e.g. by isolating residents of homes for the elderly and the handicapped, as well as through insufficient medical care especially for the chronically ill, or by worsening the educational situation for socio-economically disadvantaged people.

The risk for more severe progression potentiates when COVID-19 infections coincide with other infectious diseases—not only in high-risk patients. Though the infection rate is currently slowing down, there is still a risk of further outbreaks. Against this background, it seems ethically indispensable to fully exploit the potential of available vaccines against illnesses. Firstly, preventative vaccines can provide effective protection against these diseases, which is not only in the interest of the individual, but also in the interest of the public because each of these illnesses can tie up a large portion of the health care system’s capacity. The containment of these illnesses therefore also serves to maintain the functionality of the health care system. Secondly, many of these diseases have symptoms similar to COVID-19, so if they can be contained this would facilitate and accelerate the detection of COVID-19 infections.

## Recommendations

Based on experience with the COVID-19 pandemic, active prophylactic vaccination should be strongly recommended. The most relevant diseases that can be prevented by vaccines are pertussis (whooping cough), pneumococcal infections, and influenza.

In order to prevent co-infections with COVID-19, the Bioethics Commission calls for a broad and rapid information campaign on the importance of immunization against pertussis, pneumococcus and seasonal influenza in Austria. Immunization against these diseases should be as widespread as possible. Financial support, low-threshold access to vaccinations and compulsory vaccination for certain occupational groups are necessary to achieve collective protection against infection (so-called herd immunity).

The Bioethics Commission refers stakeholders to the Austrian Vaccination Plan 2020 (*Impfplan Österreich 2020*), which contains detailed vaccination schedules. Pneumococcus and pertussis vaccines are included in the free Austrian childhood vaccination program, but should also be recommended to the adult population due to the current situation. The optimal time for pneumococcal and pertussis vaccination is summer time this year, for influenza the seasonal vaccine will be available in October.

The ethically required protection of vulnerable groups of people who cannot undergo vaccination themselves due to their state of health or age can only be achieved through collective immunization (herd immunity). This presumes a high vaccination rate of the entire population with regard to the above-mentioned diseases such as pneumococcal and influenza infections. Vaccination against pertussis does not itself result in herd immunity in the strict sense, and should therefore be repeated regularly every 10 years for effective protection even in adults.

If a sufficient vaccination rate for the above-mentioned diseases cannot be achieved in the near future by personal responsibility, information and motivation, in any case compulsory vaccination for individual groups at risk should be considered in light of the Bioethics Commission's statement of June 1, 2015. Furthermore, the Bioethics Commission calls on the Federal Government to ensure that measures are taken to support the production of necessary drugs and vaccines in Europe.