Attitudes towards vaccination: users of complementary and alternative medicine versus non-users

Markus Gnädinger, Markus Gassner, Gaudenz Bachmann

We are grateful to the authors [1] for helping elucidate the backgrounds of Swiss people who do not comply with the national vaccination plan. As mentioned by the authors in the discussion section, only 13% of the participants openly admitted to not having complied with official vaccination recommendations. This constitutes a discrepancy as 30% (toddlers, MMR) or 39% (adolescents, hepatitis B) have been observed as missing vaccinations in a federal vaccination coverage study checking individual documents [1]. Thus it seems possible that the target group of the study done by Zuzak et al. may represent only approximately half of those who actually fail to have a complete vaccination history: i.e., those who do so willingly as believers in anthroposophic medicine or homeopathy. The study, however, does not depict the other 50% who do not comply with vaccination recommendations. The reasons for this mismatch could be various: pre-selection of cases by directly contacting the university hospital, language problems, accessibility of medical services, or simply negligence (factors which possibly also reduced the rate of filling in the survey form!). By the way, we were amazed to see that of the 1007 survey forms filled in, only 170 children had a known country of birth, while in another publication on the same study population [2] this item accounted for 1039 valid answers!

In order to deal with negligence or any social problems that may negatively influence vaccination coverage, St. Gallen, like other cantons in Switzerland, has implemented a school screening and vaccination programme. Every child is examined and vaccinated (if this is not explicitly refused by the parents) a total of three times during the basic school years: in kindergarten, the fifth and the eighth grade. This kind of school medical service has often been criticized by Swiss paediatricians as outdated and ineffective. However, when the individual documents of children are checked by the school medical service one can frequently find outdated reminders for parents who did not go to the next routine appointment with their paediatrician. Therefore we consider school-based medical services as an appropriate measure to reach a higher level of compliance with vaccination recommendations. This has been shown in a comparative study of cantons with school-based vs. private practice-based vaccination systems: the coverage against hepatitis B was 72% as compared to 53% [3]. It is important to realize that school-based medical services contribute to better vaccination coverage and thus prevention of outbreaks. The recent experience of a major measles outbreak in Switzerland has shown the necessity to improve not only individual protection but also to contain the spreading of measles both within as well as outside our country.


Authors reply

We appreciate the accurate reading of our studies by M. Gnädinger et al. and thank them for identifying the wrong counts of country of birth of children in table 1. Correct data are as following: Country of birth – Child: All respondents: Switzerland 875 (92%), Europe 52 (5%), other 26 (3%); refused (at least some) basic vaccinations: Switzerland 114 (94%), Europe 4 (3%), other 3 (3%); received all basic vaccinations: Switzerland 761 (91%), Europe 48 (6%), other 23 (3%).

Dr. med. Tycho Zuzak
Kinderspital Zürich
Steinwiesstrasse 75
CH-8032 Zürich
Switzerland
E-Mail: tycho.zuzak@kispi.uzh.ch

Correspondence:
Dr. med. Markus Gnädinger
Facharzt für Innere Medizin
Birkenweg 8
CH-9323 Steinach
Switzerland
E-Mail: markus.gnaedinger@hsn.ch

Literature