CORRESPONDENCE

Letters to the Editor

Attitudes Toward Mandatory COVID-19 Vaccination in Germany

A Representative Analysis of Data From the Socio-Economic Panel for the Year 2021

by Thomas Rieger, B. A., Christoph Schmidt-Petri, Ph. D., and Prof. Dr. Carsten Schröder in issue 19/2022

Personal Opinions are Misplaced Here

The authors first state that their article "...does not discuss whether mandatory vaccination is legitimate from a moral or legal perspective", but then continue by pulling out all the moral/legal stops: "The central arguments...is apparently based on a questionable understanding of freedom that exposes other people to substantial health risks...", which then is transformed in the Summary from "is apparently based" (negligence) to the intentional: "...the deliberate endangerment of other people's health..." (1).

In an original scientific article, one expects something rather than personal opinion flanked by questionable interpretations and a classic framework.

An analysis based on "The fact that vaccination rates in this group [of opponents] are below average..." in no way illustrates "how they used their completely unrestricted freedom... by voluntary non-vaccination". In fact, the majority of opponents did get vaccinated. They are only opposed to a mandate. The numbers show that, for the 25% who did not get vaccinated, 80% were against mandatory vaccination—anything else would also be very surprising.

The possible answers to the seven reasons for or against a general mandatory COVID-19 vaccination should be formulated "inversely". What is being

"mirrored" when the reason can be one's own position ("because I believe that ...") while the complement can be a speculation about other people's opinions ("because many people believe that...")? And how the statement "many believe that vaccination is not safe" can even be considered as an argument for mandatory vaccination remains a mystery.

The article's direction is already clear from the first sentence: "Adequate immunity to COVID-19 apparently cannot be attained in Germany by voluntary vaccination alone...". We do not know how high the level of immunity is in Germany due to a lack of suitable data, as immunity can also be acquired after infection. But such details would probably have spoiled the message of the original article.

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References

 Rieger T, Schmidt-Petri C, Schröder C: Attitudes toward mandatory COVID-19 vaccination in Germany—a representative analysis of data from the Socio-Economic Panel for the year 2021. Dtsch Arztebl Int 2022; 119: 335–41.

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Mandatory Vaccination Has No Rational Basis

The authors (1) start from premises that have long since been refuted. They state or imply that non-vaccinated persons were to blame for the imminent overload of the intensive care units. They assert that non-vaccinated nursing staff personnel were absent due to selfquarantine requirements and/or posed a high risk of infection to their patients. The authors allege that a future overload of the healthcare system is still a serious risk.

These claims either lack reliable evidence or draw conclusions from existing data that do not apply to the current virus variants:

- The intensive care units were no more overloaded than in previous years. As of January 2022, nonvaccinated persons are in the minority. Currently, 82% of COVID-19 intensive care patients are fully vaccinated (2).
- In the winter of 2021/2022, the vaccinated medical staff fell ill with COVID-19 just as often, and for

- just as long, as their non-vaccinated colleagues, revealing no discernible advantage of vaccination for the security of care supply.
- Vaccinated contact persons can infect others just as easily, so that no protection of third parties can be proven.

Overall, these points refute any justification for an institutional or general vaccination mandate.

According to the authors, a high degree of vaccination in the population is required for a "return to social normality". This is contradicted by the fact that high vaccination rates, for example 87% in Portugal, continue to be correlated with high incidences (1019) and many COVID-19 deaths (24.5 per million inhabitants per week) (3). Why don't the authors at least discuss the lack of a connection between the vaccination rate and the incidence or number of deaths?

It seems clear that the authors consider mandatory vaccination to be without alternatives and endeavor to

disavow any criticism of it as "morally questionable".

With this biased position as its starting point, a survey cannot generate valid answers.

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In Reply:

In contrast to what Prof. Dr. Jürgen Windeler and PD Dr. Stefan Lange claim, we clearly do not discuss whether mandatory vaccination is permissible. Rather, we ask whether respondents agree or disagree with various arguments. We also discuss the extent to which the behavior we have identified, together with the opinions expressed by opponents of mandatory vaccination, is morally questionable (1).

Among those surveyed, those opposed to mandatory vaccination were vaccinated less frequently than average. That does not mean that the vast majority of opponents were not vaccinated, and we are also not claiming this. Readers should judge for themselves whether the results are surprising.

We wanted to examine how the perceived safety of vaccines affects opinions about mandatory vaccination. If a person is against mandatory vaccination, a comprehensible reason might be that they feel that the vaccines are not safe, and that vaccination should therefore not be forced on other people. Whether others consider the vaccines to be safe or unsafe may then be less relevant. If a second person is in favor of mandatory vaccination, one reason could be that although other people do not think the vaccines are safe, this person does believe that vaccines are safe. This diagnosed perception of others

is an understandable reason for mandatory vaccination, because fewer people would get vaccinated than otherwise in consequence. The obligation to vaccinate would induce people who consider the vaccines to be unsafe to get vaccinated. The same applies to effectiveness.

Addressing the question of under which circumstances the immunity can be considered to be sufficiently high requires a complex assessment. Indeed, it requires evaluations from various disciplines. That is why our aim was not to carry out this assessment but rather to describe the prevailing consensus at the time of the survey. In any case, this did not play a role in the questionnaire. We collected the opinions of the respondents, not ours.

Dr. Pistner complains that the data we used are not up-to-date. Obviously, we cannot take into account developments after the data collection (January to December 2021). Her most important points lack references.

The fact that many COVID-19 intensive care patients are vaccinated, or that some vaccinated persons get sick just as long and often as non-vaccinated persons, does not show that vaccinations do not work. To draw this conclusion, one would have to know the unobserved counterfactual state—that is, what the medical situation would be like if the vaccinated people were also not vaccinated. Vaccination coverage is just one of the many factors influencing death rates.

The statement that we support mandatory vaccination as "without alternatives" is unfounded. That phrase is not mentioned in our article. We discuss the arguments put forward by those opposed to mandatory vaccination.

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 Rieger T, Schmidt-Petri C, Schröder C: Attitudes toward mandatory COVID-19 vaccination in Germany—a representative analysis of data from the Socio-Economic Panel for the year 2021. Dtsch Arztebl Int 2022; 119: 335–41.

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Conflict of interest statement:

The authors of all contributions declare that no conflict of interest exists.