

Parental refusal to have children immunised: extent and reasons

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One aim of an immunisation programme is to obtain the maximum uptake possible.¹ Parents can opt out of having their children immunised, so the programme must also aim to enable parents to make an informed choice. No one has specifically looked at the group of children who receive no immunisations and why their parents make this choice. This study was set up to get this information.

Subjects, methods, and results

Consent for immunisation of all children born in the Bath District Health Authority is assumed automatically. All newborn babies are entered on to the immunisation call up system run from the Community Child Health computing department. Invitations are sent according to the national schedule. If the invitation is not taken up, then "negative consent" is entered in the child's records. A complete list of children with negative consent was obtained between 1 January 1987 and 1 January 1993. These families were sent a questionnaire with a letter of explanation and a stamped addressed envelope. Those parents who did not reply were sent a second questionnaire. The health visitor was also asked to try to make contact.

During the six years 106 children were found to have had no immunisations. During the same period there were 31 937 births; there were also 13 571 children who moved into the district and 12 993 children who moved out (age range 0-18 years). Therefore, the prevalence of non-immunised children was 0.33% (the migration statistics making no difference to two decimal places), or about 17 children a year.

There were 87 replies (82%) to the questionnaire. The reason for non-immunisation was clear in 68 children (64% of total, or 78% of replies). The commonest reasons for refusal were homoeopathy (22 children; 21%) and religious beliefs (17%; 16%). Various individual reasons accounted for a further 17 children and "medical" reasons for five. Seven children had just started immunisation or were about to start. Parents of the remaining 19 children (18%) gave no reason for non-immunisation. Examples from the different groups are listed in the box.

Comment

Over a fifth of parents cited homoeopathy as the reason for not immunising their children. The Faculty of Homoeopathy recommends immunisation to all children within the existing guidelines. However, the Society of Homoeopathy thinks immunisations disturb people's immune defence mechanisms and render them more susceptible to atopy, other infections, and possibly later autoimmune diseases² (data not validated).

Religious reasons accounted for 17 refusals (16%). The Christian Science Church thinks that healing is the natural result of drawing closer to God and therefore that immunisations are not necessary. The church emphasises that any families who seek conventional medical care are supported.³ A brief survey of other religious groups showed that all were broadly in favour of immunisation. The implication is that people (other than Christian Scientists) who refuse immunisations on religious grounds do so through their own religious interpretation rather than the church's view.

One way in which the prevalence of non-immunised

Examples of responses from different groups

Homoeopathy

● "I believe that the body's defences are best strengthened by optimum nutrition and good hygiene and by allowing the body to experience normal illnesses without suppression during the normal course of events. To enhance this process I consult our family homoeopath for acute and chronic assistance as necessary. I am actually thoroughly opposed to current practices in vaccination programmes; the onslaught of several vaccinations at once on a tiny body for the sake of convenience and getting them done, I find very disturbing. I am sure high prices are paid for this in terms of autoimmune diseases and weakened immune systems."

● "I don't consider the risk of these diseases to be greater than the risk of vaccination. I use homoeopathy to protect my child and am confident that this is the best way of doing so."

● "We have read material by the DHSS and by various other bodies. From a homoeopathic point of view we decided to refuse immunisation. We aim to treat homoeopathically if she has any illness—although we do of course consult the doctor as well as our homoeopath."

Religious beliefs

● "My child is protected but not by immunisation. We are Christian Scientists."

● "As a Christian I trust in God for health and healing (as promised in the Bible) both for myself and for my children. They are protected by God's promise not by man's vaccination."

Individual reasons

● "We do not believe that healthy children living in healthy conditions need protecting by immunisation."

● "We believe that good health depends more on good housing, food, and hygiene and that not enough is known about the long term effects on the immune system of immunising at a young age."

Medical

● "... has severe developmental delay and no one can tell me why. I do not feel the immunisations to be safe at this time and am not willing to take any chances, however small."

● "... had very severe eczema as a baby which until recently was a contraindication for immunisation. Although it has now been removed from the list of contraindications, no discussion was available on this at the time we consulted our GP."

● "... aunt had a reaction against whooping cough vaccine and required special schooling."

children might be reduced is through improved communication of consistent and up to date advice to parents. The importance of this is highlighted by the responses in the box. This would necessitate an increase in primary care input to these families, who could continue to be highlighted from the child health computer records. Other initiatives include the "immunisation hotline," through which queries about immunisation can be answered promptly and confidently by the child health department. Also the opportunity for families to discuss concerns with the district immunisation coordinator should be available.

The proportion of children immunised continues to increase (Public Health Laboratory Service Cover reports), presumably owing to improvements in organisation of district immunisation programmes. As this continues, the groups we have identified will become more important. It is only with information provided by studies such as this that further inroads can be made by allowing identification of groups that might benefit from more informed and accurate information.

1 Begg NT, Noah ND. Immunisation targets in Europe and Britain. *BMJ* 1985;291:1370-1.

2 Moskowitz R. The case against immunisation. *The Homoeopath* 1984;4:No 4.

3 Talbot NA. The position of the Christian Science Church. *N Engl J Med* 1983;309:1641-4.

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