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Rolling Back the War on Vaccines

How did one of medicine's greatest achievements become a lightning rod for controversy?

By JAY WINSTEN And EMILY SERAZIN

Thanks to a massive international vaccination effort, world-wide fatalities from smallpox fell from two million annually in 1967 to zero by 1980, when health authorities confirmed the complete eradication of the disease. The Salk and Sabin vaccines have saved five million people from paralytic polio, and eradication of that once common disease is in sight. Vaccination against infectious childhood diseases now prevents more than 2.5 million deaths annually, with an extremely low risk of serious side effects.

Yet these achievements have rendered the benefits less visible to young parents, enabling imagined dangers and the rare side effects of vaccines to capture heightened attention. Paradoxically, some of the strongest concerns about vaccines have arisen in the United States and Europe—the leading funders of global immunization efforts—and are prevalent among more highly educated, higher-income groups.

In the U.S., the prestigious Institute of Medicine released an important report in January that found "no evidence of major safety concerns associated with adherence to the childhood immunization schedule." But the report is unlikely to have the last word in the blogosphere.

An anxious parent who Googles "Are vaccines dangerous?" will find four of the top five results offering an emphatic "yes"—despite compelling evidence to the contrary. Such sources typically are vocal opponents of current vaccine policies who have harnessed the power of the Internet.

The critics have chipped away at parental trust, causing gaps in vaccine coverage that have led to fatalities. For instance, when an outbreak of measles swept across Europe in 2010-11, 48,000 people required hospitalization and 29 died. Over 80% of those who fell ill had not been vaccinated.

In the U.S., 20 states allow parents to opt out of mandatory childhood vaccinations for broadly defined reasons—such as "personal/philosophical" concerns—and 48 states offer religious exemptions. Washington state had an exemption rate of 7.6%, the nation's highest, before tightening its rules in 2011, and some smaller counties in the state still have exemption rates as high as 30%.

How did we get to a point where one of medicine's greatest achievements is a lightning rod for controversy? Vaccines have been controversial since their origin, but two episodes in the late

1990s caused a large spike in exemptions: One was a false scare about a possible link between autism and a mercury-containing preservative then used in vaccines. The other was a study of 12 children—later wholly discredited, with its lead author, British surgeon Andrew Wakefield, struck from the U.K. medical register—that claimed evidence of a causative link between the combined measles-mumps-rubella vaccine and autism.

The two episodes attracted tremendous media and public attention, fueling substantial declines in childhood vaccination rates in the U.S. and Europe. In the U.S., 15 states had coverage rates for the MMR vaccine below 90% in 2011, and only a handful had achieved 95%—the level required to protect infants too young to receive the vaccine. In 2012, London's rate was only 86%.

Leading opponents of vaccine policies in developed countries fall into three groups: parents who blame vaccines for their children's serious maladies, individuals who favor "natural" remedies for treating and preventing disease, and those who allege collusion between the pharmaceutical industry and government to maximize profits from allegedly ineffective or harmful vaccines.

The cumulative impact of this opposition has been substantial. According to the U.S. National Immunization Survey, only 60% of parents of children age 24-35 months adhered to the recommended vaccination schedule in 2009, with the remainder either refusing or delaying one or more vaccines. Even among adherents, 30.9% expressed concerns about "serious side effects."

These findings should sound an alarm. If the trend toward diminished trust in vaccines is not countered effectively, future high-profile incidents of alleged harm could rupture the scaffolding of public confidence and seriously undermine future efforts to save lives through vaccination.

Strong public support for immunization will be essential to the success of the Global Vaccine Action Plan developed by a coalition of organizations with assistance from the Boston Consulting Group. Formally approved last May by the 194-nation World Health Assembly, the plan set in motion the Decade of Vaccines, a massive international effort now under way to invent and distribute new vaccines and greatly extend the reach of current ones. While aggressive efforts are being made to shore up confidence in low- and middle-income countries, the U.S. and Europe require an injection of renewed effort in three key areas:

- A comprehensive research program is needed to better understand what motivates diverse segments of the population in their opposition to (or hesitancy about) current vaccination policies, and to monitor trends in acceptance of vaccines.
- In the policy arena, new approaches should be tested for reducing opt-outs from childhood vaccinations while preserving the ability of parents to make decisions on behalf of their children. For example, Washington state has reduced opt-outs by 25% by requiring parents to consult with a health provider before filing for a waiver.
- The health sector should mobilize a well-funded effort to communicate effectively with—and listen carefully to—the growing number of parents who are genuinely concerned and confused about the right thing to do for their children. Communication with parents needs to be empathetic, respectful, transparent and knowledge-driven.

In implementing these initiatives, the health community will need to fight for parents' hearts as well as their minds. The stakes in this battle are nothing less than the lives of millions of children.

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